ATTACHMENT D 45 Minute Drive Time Information

				* *			
							1
	Utilization of Facilities	within 45 Minutes				A STATE OF THE STA	r
	2	ا بیر	.	Distance	Time	Adjusted Time	Utilization
Facility Name	Address	City	Beds 114	Distance	2	2	
Crystal Pines Rehab & HCC	335 North Illinois Avenue	Crystal Lake Crystal Lake	97	2	3	3	
Fountains at Crystal Lake	1000 East Brighton Lane	Crystal Lake	46	2.19	4	5	90.5%
Fair Oaks Health Care Center	471 West Terra Cotta Avenue	Island Lake	70	6.72	11	13	
Sheltering Oak	27888 North Beech Street		316	7.49	12	14	58.9%
Alden Terrace of McHenry Rehab	803 Royal Drive	McHenry		9.24	15	17	89.0%
Wauconda Healthcare & Rehab	176 Thomas Court	Wauconda	135		18	21	
Woodstock Residence	309 McHenry Avenue	Woodstock	115	10.42	18 18		76.6%
Hearthstone Manor	920 North Seminary Avenue	Woodstock	75	10.61			
Prairieview at the Garlands	6000 Garlands Lane	Barrington	20	12.05	21	24	
Valley Hi Nursing Home	2406 Hartland Road	Woodstock	128	15.76	22	25	
Lexington of Lake Zurich	900 South Rand Road	Lake Zurich	203	13.85	23	26	
Rosewood Care Center Elgin	2355 Royal Boulevard	Elgin	139	16.68	23		
Alden Estates of Barrington	1420 South Barrington Road	Barrington	150	13.32	24	28	
Apostolic Christian Resthaven	2750 West Highland Avenue	Elgin	50	17.07	24	28	
Florence Nursing Home	546 East Grant Highway	Marengo	52	17.22	25	29	
Asta Care Center Elgin	134 North McLean Boulevard	Elgin	102	18.16		31	
Sherman West Court	1950 Larkin Avenue	Elgin	112	18.64	27	31	
Manorcare of Elgin	180 South State Street	Elgin	88	16.17	28		
Maplewood Care	50 North Jane Drive	Elgin	203	18.56			
Alden Poplar Creek Rehab & Care	1545 Barrington Road	Hoffman Estates	217	18.76		32	
Rosewood Care Center Inverness	1800 Colonial Parkway	Inverness	142	19.63	30	35	65.8%
Heritage Manor - Elgin	355 Raymond Street	Elgin	94	16.95		36	
Tower Hill Healthcare Center	759 Kane Street	South Elgin	206	21.86			
South Elgin Rehab & Health Care Center	746 Spring Street	South Elgin	90	22.13			
Arlington Rehab & Living Center	1666 Checker Road	Long Grove	190	20.04	33		
Lexington of Streamwood	815 East Irving Park Road	Streamwood	214	22.34	34	39	85.9%
Mercy Harvard Hospital Care Center	901 Grant Street	Harvard	45	23.33	34	39	58.1%
Libertyville Manor Extended Care	610 Peterson Road (Hwy #137)	Libertyville	174	20.38	35	40	34.0%
Claremont Rehab & Living Center	150 North Weiland Road	Buffalo Grove	200	21.09	35	40	80.5%
Assisi Healthcare Center at Clare Oaks	829 Carillon Drive	Bartiett	120	22.51	35	40	68.4%
Friendship Village Schaumburg	350 West Schaumburg Road	Schaumburg	250		36		96.0%
Winchester House Nursing Home	1125 North Milwaukee Avenue	Libertyville	360				
Church Creek Station Skilled Care	2000 West Lake Street	Hanover Park	150				
	675 South Roselle Road	Schaumburg	214				
Lexington of Schaumburg		Lincolnshire	144	22.04			_
The Wealshire	150 Jamestown Lane		150				
Manor Care of Libertyville	1500 South Milwaukee Avenue	Libertyville	44				
Sedgebrook Health Center	960 Aububon Way	Lincolnshire	120	1			
The Village at Victory Lakes	1055 East Grand Avenue	Lindenhurst	120	1 22.70	1 38	1 40	1 00.075

		N 2010 ALDEN ESTATES OF BAR	MINGION,	INC. BARRINGTON	75000 a Gardenia Maria Maria
ALDEN ESTATES OF BARRINGTO		ADMISSION RESTRICTION	NS	RESIDENTS BY PRIMARY DIAG	NOSIS
1420 SOUTH BARRINGTON ROAD		Aggressive/Anti-Social	1	DIAGNOSIS	
BARRINGTON, IL. 60010		Chronic Alcoholism	1	Neoplasms	0
Reference Numbers Facility ID	6003735	Developmentally Disabled	1	Endocrine/Metabolic	0
Health Service Area 007 Plannin	g Service Area 701	Drug Addiction	1	Blood Disorders	0
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	12
GREGORY K. NIENABER		Medicare Recipient	0	Alzheimer Disease	2
Contact Person and Telephone		Mental Iliness	1	Mental Illness	0
CHRIS REINHOFER		Non-Ambulatory	0	Developmental Disability	0
773-286-3883		Non-Mobile	0	Circulatory System	0
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date	Public Aid Recipient	0	Respiratory System	6
Registered Agent Information	Completed	Under 65 Years Old	0	Digestive System	2
Ken Fisch	2/28/2011	Unable to Self-Medicate	0	Genitourinary System Disorders	0
4200 West Peterson Ave-Siute 140		Ventilator Dependent	0	Skin Disorders	0
Chicago, IL 60646		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	1
FACILITY OWNERSHIP		Other Restrictions	0	Injuries and Poisonings	0
FOR-PROF CORPORATION		No Restrictions	0	Other Medical Conditions	89
CONTINUING CARE COMMUNITY	No	Note: Reported restictions denoi	tad by II	Non-Medical Conditions	0
LIFE CARE FACILITY	No.	Topolica resilenons aenoi	cu vy i	TOTALS	112
			Total Res	idents Diagnosed as Mentally III	0

									AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	ENFIRENCEMENT SERVICES SERVICES
	LICENSED	BEDS, BE	DS IN US	E, MEDICA	RE/MEDIC	CAID CERTIFIE	ED BEDS		ADMISSIONS AND	
		PEAK	PEAK						DISCHARGES - 2010)
LEVEL OF CARE	LICENSED BEDS	BEDS SET-UP	BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010 Total Admissions 2010	116 829
Nursing Care	150	150	128	150	112	38	134	94	Total Discharges 2010	833
Skilled Under 22	0	0	0	0	0	0		0	Residents on 12/31/2010	112
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	150	150	128	150	112	38	134	94		

LEVEL OF CARE	Medi Pat. days		Medi Pat. days	cald Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	17020	34.8%	1873	1 54.69	6 922	2236	3441	Ω	42350	77.4%	77.4%
Skilled Under 22				0.09	6 0	0	0	0	. 0	0.0%	0.0%
Intermediate DD				0.09	6 0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1702	0 34.8%	1873	1 54.6	% 922	2236	3441	0	42350	77.4%	77.4%

	NURSIN	NG CARE	SKL U	INDER 22	INTER	RMED. DD	SHE	TERED	T	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	. 3	0	0	0	0	0	0	1	3	4
45 to 59	7	3	0	0	0	0	0	0	7	3	10
60 to 64	6	2	0	0	0	0	0	0	6	2	8
65 to 74	9	5	0	0	0	0	0	0	9	5	14
75 to 84	24	12	0	0	0	0	0	0	24	12	36
85+	27	13	0	0	0	0	0	0	27	13	40
TOTALS	74	38	0	. 0	0	0	0	0	74	38	112

ALDEN ESTATES OF BARRINGTON, INC.

1420 SOUTH BARRINGTON ROAD

BARRINGTON, IL. 60010

Reference Numbers Facility ID 6003735

RES	IDENTS B	Y PAYMENT	SOURC	E AND LE	VEL OF	CARE			AVERAGE	DAILY PAY	MENT	RATES
LEVEL			Other		Privat	e Chari	ty		LEVEL OF CA	RE SI	NGLE	DOUBLE
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	• T(OTALS	Nursing Care	}	356	305
Nursing Care	36	55	3	8	10	()	112	Skilled Under	r 22	0	0
Skilled Under 22	0	0	0	0	0	()	0	Intermediate	DD	0	0
ICF/DD		0	0	0	0	()	0	Shelter		0	. 0
Sheltered Care			0	0	0	()	0				
TOTALS	36	55	3	8	10	0		112				
COLUMN TO THE PROPERTY OF THE	RESIDEN	TS BY RAC	IAL/ETHI	VICITY GE	ROUPING	AND THE PROPERTY OF STREET, ST	izniarezo unpaktoria	na a chairte an iomhraigh a Suideach		STAFFING	WARRENDS CONT.	in die 1800 von Steine (on die der deutsche der deutsche der deutsche deuts
RACE		Nursing	SklUnd2	2 ICF/	DD S	helter	Total	s	EMPLOYM	ENT	FU	ILL-TIME
Asian		3	0		0	0		3	CATEGO	RY	EQ	JIVALENT
Amer. Indian		0	0		0	0	1)	Administrators	;		1.00
Black		5	0		0	0		5	Physicians			0.00
Hawaiian/Pac. Isl.		0	0		0	0)	Director of Nu	rsing		1.00
White		104	0		0	0	10-	4	Registered Nu	ırses		19.00
Race Unknown		0	0		0	0	()	LPN's			12.00
Total	and the second s	112	0	***************************************	0	0	11:	2	Certified Aides	\$	40.0	
					•			-	Other Health S	Staff		7.00
ETHNICITY	****	Nursing	SklUnd2	2 ICF/	DD S	helter	Total	S	Non-Health St	aff		51.00
Hispanic		. 5	C	}	0	0	;	5	Totals			131.00
Non-Hispanic		107	0		0	0	10	7				
Ethnicity Unknown	1	0	0		0	0	()				
Total		112	0		0	0	11:	2				
Water Control of the	***************************************	NET REVE	NUE BY F	AYOR S	OURCE (F	iscal Yea	r Data)		Charity		Charity Care
Admulianu-		6 1 1 - 1	04. *				 .	. 5		Care	•	ense as % of
Medicare	N	fedicald	Other F		Private Ins		Priv	ate Pay	TOTALS	Expense*	Tota	al Net Revenu
59.3%		26.9% 4,224,394		1.0% 3.886		6.0%		6.8%	100.0% 15,720,768			0.0%



1420 S Barrington Rd

Barrington, IL 60010-5206 13.32 miles / 24 minutes Notes

Alden Estates of Barrington



Terra Cotta Rd & II Route 176, Crystal Lake, IL 60012

1. Start out going east on IL-176 / E Terra Cotta Ave toward Mistwood Ln. Map 0.5 Mi

0.5 Mi Total

r) Sarr

2. Turn right onto IL-31 S. Map

1.4 Mi

1.9 Mi Total

2.1 Mi Total

RAMP

3. Take the US-14 ramp. Map

0.2 Mi

9.2 Mi 11.3 Mi Total

5. Turn right onto N Hough St / IL-59. Continue to follow N Hough St. Map

4. Turn left onto US-14 / Northwest Hwy. Continue to follow US-14 E. Map

1.3 Mi

12.6 Mi Total

6. N Hough St becomes S Barrington Rd. Map

7. 1420 S BARRINGTON RD is on the right. Map

0.7 Mi

13.3 Mi Total

(E)

1420 S Barrington Rd, Barrington, IL 60010-5206

Total Travel Estimate: 13.32 miles - about 24 minutes

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304 ce Area 111	Aggressive/Anti-Social Chronic Alcoholism Developmentally Disabled Drug Addiction	0 1 1	DIAGNOSIS Neoplasms	6
	Developmentally Disabled	1 1	•	6
	•	1	1 1 25 d 1 1 1)	
ce Area 111	Drug Addiction		Endocrine/Metabolic	8
	mines i mainten	1	Blood Disorders	0
	Medicaid Recipient	0	*Nervous System Non Alzheimer	14
	Medicare Recipient	0	Alzheimer Disease	11
	Mental Illness	0	Mental Illness	48
	Non-Ambulatory	0	Developmental Disability	0
	Non-Mobile	0	Circulatory System	51
Date	Public Aid Recipient	0	Respiratory System	2
•	Under 65 Years Old	0	Digestive System	0
3/1/2011	Unable to Self-Medicate	0	Genitourinary System Disorders	8
	Ventilator Dependent	1	Skin Disorders	0
	Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	2
	Other Restrictions	0	Injuries and Poisonings	9
	No Restrictions	0	Other Medical Conditions	29
	Note: Reported restictions dans	tad by 111	Non-Medical Conditions	0
	note. Reported restletions deno	иси оу 1	TOTALS	188
No	No -	Total Res	48	
	Date Completed 3/1/2011 No No	Medicare Recipient Mental Illness Non-Ambulatory Non-Mobile Date Completed 3/1/2011 Discription Public Aid Recipient Under 65 Years Old Unable to Self-Medicate Ventilator Dependent Infectious Disease w/ Isolation Other Restrictions No Restrictions No Restrictions	Medicare Recipient 0	Medicare Recipient 0 Alzheimer Disease Mental Illness 0 Mental Illness Non-Ambulatory 0 Developmental Disability Non-Mobile 0 Circulatory System Public Aid Recipient 0 Respiratory System Under 65 Years Old 0 Digestive System Unable to Self-Medicate 0 Genitourinary System Disorders Ventilator Dependent 1 Skin Disorders Ventilator Dependent 1 Skin Disorders Infectious Disease w/ Isolation 0 Musculo-skeletal Disorders Other Restrictions 0 Injuries and Poisonings No Restrictions 0 Other Medical Conditions Non-Medical Conditions TOTALS

	LICENSED	BEDS, BEI	DS IN US PEAK	E, MEDICA	RE/MEDIC	CAID CERTIFIE	D BEDS		ADMISSIONS AND DISCHARGES - 2010)
LEVEL OF CARE	LICENSED BEDS	BEDS SET-UP	BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010 Total Admissions 2010	192 254
Nursing Care	316	259	199	259	188	128	316	316	Total Discharges 2010	258
Skilled Under 22	0	0	0	0	0	0		0	Residents on 12/31/2010	188
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0			Identified Offenders	4
TOTAL BEDS	316	259	199	259	188	128	316	316		

						Private	Private	Charity		Licensed	Peak Beds
	Medi	care	Medic	caid	Other Public	Insurance	Pay	Care	TOTAL	Beds	Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5052	4.4%	53152	2 46.19	787	347	8588	0	67926	58.9%	71.9%
Skilled Under 22			(0.0%	6 0	0	0	0	0	0.0%	0.0%
Intermediate DD			(0.0%	6 0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	505	2 4.4%	53152	46.19	% 787	347	8588	0	67926	58.9%	71.9%

	NURSIN	IG CARE	SKL U	NDER 22	INTER	RMED. DD	SHEL	TERED	T	DTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	7	0	0	0	0	0	0	4	7	11
45 to 59	14	8	0	0	0	0	0	0	14	8	22
60 to 64	6	12	0	0	0	0	0	0	6	12	18
65 to 74	15	16	0	0	0	0	0	0	15	16	31
75 to 84	15	28	0	0	0	0	0	0	15	28	43
85+	12	51	0	0	0	0	0	0	12	51	63
TOTALS	66	122	0	0	0	0	0	0	66	122	188

ALDEN TERRACE OF MCHENRY REHAB

803 ROYAL DRIVE

MCHENRY, IL. 60050

RES	IDENTS B	Y PAYMENT	SOURC	E AND LE	VEL OF	CARE			AVERAGE	DAILY PAY	MENT	RATES
LEVEL			Other		Privat		•		LEVEL OF CA	ARE SIN	IGLE	DOUBLE
OF CARE	Medicare	Medicaid	Public	Insuranc	e Pay	Care	ТО	TALS	Nursing Care	}	250	240
Nursing Care	9	153	2	2	22	0)	188	Skilled Unde	r 22	0	0
Skilled Under 22	0	0	0	0	0	0)	0	Intermediate	DD	0	0
ICF/DD		0	0	0	0	0)	0	Shelter		0	0
Sheltered Care			0	0	0	0)	0				
TOTALS	9	153	2	2	22	0		188				
and and the second seco	RESIDEN	TS BY RAC	IAL/ETH	VICITY GI	ROUPING		and in the second second		TANCOLO POSONA NA PARTICIPA POPINSA NA PARTICIPA NA PARTI	STAFFING	NASCONNECESTARION	DECEMBER OF PARTY AND PROPERTY OF PERSONS ASSESSMENT
RACE		Nursing	SklUnd2	2 ICF	/DD S	helter	Totals		EMPLOYM	ENT	FU	JLL-TIME
Asian		0	0	i	0	0	0	· ·	CATEGO	RY	EQ	UIVALENT
Amer, Indian		1	0		0	0	1		Administrators	3		1.00
Black		0	0		0	0	0		Physicians			0.00
Hawaiian/Pac. Isl.		0	0		0	0	0		Director of Nu	rsing		1.00
White		187	0		0	0	187		Registered No	ırses		15.00
Race Unknown		0	0		0	0	0		LPN's			10.00
Total		188	0	THE PARTY AND ADDRESS OF THE PARTY OF THE PA	0	0	188	on the second second	Certified Aides	\$		38.00
			Ŭ			Ü	100		Other Health	Staff		6.00
ETHNICITY		Nursing	SkIUnd2	2 ICF	DD S	helter	Totals		Non-Health St	taff		39.50
Hispanic		7	0	l	0	0	7		Totals			110.50
Non-Hispanic		181	0	ı	0	0	181					
Ethnicity Unknown	ŧ	0	0		0	0	0					
Total		188	0		0	0	188	-				
200 March 14 M Card Street Ann Anna Card	***************************************	NET REVE	NUE BY F	AYOR S	OURCE (F	iscal Yea	r Data)	n de remanden en e	Light mentang mengang berminikan diangkan pengan pengan pengan pengang pengang pengang pengang pengang pengang	Charity		Charity Care
Medicare	N.	tedicald	Other F	Public I	Private Ins	urance	Drive	ate Pav	TOTALS	Care Expense*	•	ense as % of al Net Revenu
23.4%	10	61.0%		6.1%	HVAIC IIIS	1.2%	r : iV	8.3%	100.0%	Cybense	1 011	0.0%
2,462,511		6,426,895		5,621		30,180		6.5% 377,153	10.542,360	0		0.070

*Charity Expense does not include expenses which may be considered a community benefit.



803 Royal Dr

McHenry, IL 60050-4209 7.49 miles / 12 minutes Notes

Alden Terrace of McHenry Rehab



Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012

60	1. Start out going east on IL-176 / E Terra Cotta Ave toward Mistwood Ln. Map	0.5 M i
		0.5 Mi Total
4-0	2. Turn left onto IL-31. Map	6.2 Mi
* #	31	6.7 Mi Total
Ann	3. Turn left onto W Lillian St. Map	0.0 %
	of the first of the Linear of	0.6 Mi
		7.3 Mi Total
4-1	4. Turn left onto W Crystal Lake Rd. Map	0.2 Mi
201		7.5 Mi Total
	5. Take the 1st right onto Front Royal Dr. Map	
T'F	o. Take the 1stright onto Front Royal Dr. Wap	0.02 Mi
		7.5 Mi Total
	6. 803 ROYAL DR is on the left. Map	
	· · · · · · · · · · · · · · · · · · ·	

0

803 Royal Dr, McHenry, IL 60050-4209

Total Travel Estimate: 7.49 miles - about 12 minutes

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ALDEN-POPLAR CREEK REHAB &CAF	RE	ADMISSION RESTRICTION	ONS	RESIDENTS BY PRIMARY DIAGN	IOSIS	
1545 BARRINGTON ROAD		Aggressive/Anti-Social	0	DIAGNOSIS		
HOFFMAN ESTATES, IL. 60194		Chronic Alcoholism	0	Neoplasms	1	
Reference Numbers Facility ID 600	1366	Developmentally Disabled	0	Endocrine/Metabolic	4	
Health Service Area 007 Planning Ser	vice Area 701	Drug Addiction	0	Blood Disorders	1	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	22	
Jeff Russell		Medicare Recipient	0	Alzheimer Disease	32	
Control Bones and Talenten		Mental Iliness	0	Mental Illness	7	
ontact Person and Telephone HRIS REINHOFER		Non-Ambulatory	0	Developmental Disability	3	
773-286-3883		Non-Mobile	0	Circulatory System	20	
773-200-3003	Date	Public Aid Recipient	0	Respiratory System	7	
Registered Agent Information	Completed	Under 65 Years Old	. 0	Digestive System	1	
Ken Fisch	2/28/2011	Unable to Self-Medicate	0	Genitourinary System Disorders	9	
4200 W Peterson Ave, Suite 140		Ventilator Dependent	1	Skin Disorders	0	
Chicago, IL 60646		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	64	
FACILITY OWNERSHIP		Other Restrictions	0	Injuries and Poisonings	17	
FOR-PROF CORPORATION		No Restrictions	0	Other Medical Conditions	0	
	N.	Note: Reported restictions deno	tad by !!!	Non-Medical Conditions	0	
CONTINUING CARE COMMUNITY	No	Note. Reported restituons deno	ieu oy 1	TOTALS	188	
LIFE CARE FACILITY No			Total Res	Residents Diagnosed as Mentally III		

	LICENSED	BEDS, BE		ADMISSIONS AND DISCHARGES - 2010						
		PEAK	PEAK						DISCHARGES - 2010	,
LEVEL OF CARE	LICENSED BEDS	BEDS SET-UP	BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010 Total Admissions 2010	163 689
Nursing Care	217	196	188	196	188	29	217	217	Total Discharges 2010	664
Skilled Under 22	0	0	0	0	0	0		0	Residents on 12/31/2010	188
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	217	196	188	196	188	29	217	217		

LEVEL OF CARE		icare Occ. Pct.	Medi Pat. days	caid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12120	15.3%	4127	3 52.19	6 2972	1817	4089	0	62271	78.6%	87.0%
Skilled Under 22				0 0.09	6 0	0	0	0	0	0.0%	0.0%
Intermediate DD				0 0.0%	6 0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1212	0 15.3%	4127	3 52.19	% 2972	1817	4089	0	62271	78.6%	87.0%

	NURSIN	IG CARE	SKL U	NDER 22	INTER	RMED. DD	SHE	TERED	To	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	4	4	0	0	0	0	0	0	4	4	8
60 to 64	2	4	0	0	0	0	0	0	2	4	6
65 to 74	15	24	0	0	0	0	0	0	15	24	39
75 to 84	20	39	0	0	0	0	0	0	20	39	59
85+	19	56	0	0	0	0	0	0	19	56	75
TOTALS	60	128	0	0	0	0	0	0	60	128	188

ALDEN-POPLAR CREEK REHAB &CARE

1545 BARRINGTON ROAD

HOFFMAN ESTATES, IL. 60194

Reference Numbers Facility ID 6001366

Health Service Area 007 Planning Service Area 701

RE	SIDENTS B	Y PAYMENT	SOURC		AVERAGE DAILY	PAYMENT	RATES			
LEVEL			Other		Private	Charity		LEVEL OF CARE	SINGLE	DOUBLE
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	Nursing Care	286	279
Nursing Care	35	123	7	5	18	0	188	Skilled Under 22	0	0
Skilled Under 22	0	0	0	0	0	0	0	Intermediate DD	. 0	0
ICF/DD		0	0	0	0	0	0	Shelter	0	0
Sheltered Care			0	0	0	0	0			
TOTALS	35	123	7	5	18	0	188			

RES	IDENTS BY RA	CIAL/ETHNIC	TY GROUP	ING		STAFF	NG
RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals	EMPLOYMENT	FULL-TIME
Asian	6	0	0	0	6	CATEGORY	EQUIVALENT
Amer. Indian	1	0	0	0	1	Administrators	1.00
Black	5	0	0	0	5	Physicians	0.00
Hawaiian/Pac. Isl.	0	0	0	0	0	Director of Nursing	1.00
White	169	0	0	0	169	Registered Nurses	16.80
Race Unknown	. 7.	0	0	0	7	LPN's	13.94
Total	188	0	n	0	188	Certified Aides	51.16
Total	100	Ü	Ü	Ü	100	Other Health Staff	2.00
ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals	Non-Health Staff	42.10
Hispanic	6	0	0	0	6	Totals	128.00
Non-Hispanic	175	0	0	0	175		
Ethnicity Unknown	7	0	0	0	7		
Total	188	0	0	0	188		

CONTRACTOR	TANKS - NAVADORA ASSOCIATION OF STREET STREET, STREET STREET, STREET, STREET, STREET, STREET, STREET, STREET,	Occupantes and an artist and a state of the	and the second s	ent promision in the commission of the	OLUMBUS BORRES SER ER SER ER SE	MANAGEMENT STATES OF THE STATE	REPORTED TO SELECT THE STATE OF THE SELECT AND AN ARRANGE AND AN ARRANGE AND ARRANGE AND ARRANGE AND ARRANGE A
			SOURCE (Fiscal Yea			Charity	Charity Care
	14m; 17m 4m14	IOL BY FATOR	OCCITOR (1 IDEAL 1 CO	. Data,		Care	Expense as % of
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense*	Total Net Revenue
44.8%	39.1%	2.8%	5.3%	7.9%	100.0%		0.0%
6,376,023	5,563,812	400,211	757,178	1,123,012	14,220,236	0	

^{*}Charity Expense does not include expenses which may be considered a community benefit.



1545 Barrington Rd

Hoffman Estates, IL 60169-1018 18.76 miles / 28 minutes

Alden Poplar Creek Pehab & Care



Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012

1 Start out going eact on II	176 / E Terra Cotta Ave toward	d Michagod I n Mon
Otali bul going cast on it	-110/Liena Colla Ave luwan	J MISTWOOD LII. May

0.5 Mi Total

0.5 Mi

2. Turn right onto IL-31 S. Map 5.8 Mi 6.3 Mi Total

9.4 Mi

3. Turn left onto Algonquin Rd / IL-62. Map 15.6 Mi Total

4. Turn right onto N Barrington Rd. Map 3.2 Mi 18.8 Mi Total

5. 1545 BARRINGTON RD is on the left. Map



1545 Barrington Rd, Hoffman Estates, IL 60169-1018

Total Travel Estimate: 18.76 miles - about 28 minutes

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					metalographic engineering with
APOSTOLIC CHRISTIAN RESTHAVEN		ADMISSION RESTRICTION	NS	RESIDENTS BY PRIMARY DIAGN	IOSIS
2750 WEST HIGHLAND AVENUE		Aggressive/Anti-Social	1	DIAGNOSIS	
ELGIN, IL. 60124		Chronic Alcoholism	1	Neoplasms	2
Reference Numbers Facility ID 600	0392	Developmentally Disabled	1	Endocrine/Metabolic	3
Health Service Area 008 Planning Sen	vice Area 089	Drug Addiction	1	Blood Disorders	0
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	4
David G. Stieglitz		Medicare Recipient	0	Alzheimer Disease	5
Contact Dames and Telephone		Mental Illness	1	Mental Illness	. 17
Contact Person and Telephone DAVID STIEGLITZ		Non-Ambulatory	0	Developmental Disability	0
847-741-4543		Non-Mobile	0	Circulatory System	9
047-741-4043	Date	Public Aid Recipient	0	Respiratory System	1
Registered Agent Information	Completed	Under 65 Years Old	0	Digestive System	0
David G. Stieglitz	2/24/2011	Unable to Self-Medicate	0	Genitourinary System Disorders	0
5N598 Meadowview Ln		Ventilator Dependent	1	Skin Disorders	0
St. Charles, IL 60175		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	4
FACILITY OWNERSHIP		Other Restrictions	1	Injuries and Poisonings	0
NON-PROF CORPORATION		No Restrictions	0	Other Medical Conditions	0
	h.t	Note: Reported restictions deno	tad by 'I'	Non-Medical Conditions	0
CONTINUING CARE COMMUNITY	No	rote. Reported restitutions deno	ieu vy 1	TOTALS	45
LIFE CARE FACILITY	No	No		dents Diagnosed as Mentally III	17

	LICENSED	BEDS, BE		ADMISSIONS AND DISCHARGES - 2010						
		PEAK	PEAK	*					DISCHARGES - 2010	1
LEVEL OF CARE	LICENSED BEDS	BEDS SET-UP	BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010 Total Admissions 2010	47 22
Nursing Care	50	50	49	50	45	5	0	50	Total Discharges 2010	24
Skilled Under 22	0	0	0	0	0	0		0	Residents on 12/31/2010	45
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	50	50	49	50	45	5	0	50		

LEVEL OF CARE	 icare Occ	. Pct.	Medi Pat. days	caid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	467	8 25.6%	6 0	0	12349	0	17027	93.3%	93.3%
Skilled Under 22				0.0%	6 0	0	0	0	0	0.0%	0.0%
Intermediate DD				0.0%	6 0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	467	8 25.69	% 0	0	12349	0	17027	93.3%	93.3%

	NURSIN	IG CARE	SKL U	NDER 22	INTER	RMED. DD	SHE	TERED	Ţ	DTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	2	9	0	0	0	0	0	0	- 2	9	11
85+	5	26	0	0	0	0	0	0	5	26	31
TOTALS	8	37	0	0	0	0	0	0	8	37	45

APOSTOLIC CHRISTIAN RESTHAVEN

2750 WEST HIGHLAND AVENUE

ELGIN, IL. 60124

Reference Numbers Facility ID 6000392

Health Service Area 008 Planning Service Area 089

RESIDENTS F	RY PAYMENTS	SOURCE AND	LEVEL OF CARE
-------------	-------------	------------	---------------

AVERAGE	DAILY	DAVMENT	DATES
AVERAGE	UAILI	PATRICINI	KAIES

				A LINE EE	VI VA	1 1 1		WATIWGE DAIL	t twinstrail	IVAILO
LEVEL			Other		Private	Charity		LEVEL OF CARE	SINGLE	DOUBLE
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	Nursing Care	203	173
Nursing Care	0	11	0	0	34	0	45	Skilled Under 22	0	0
Skilled Under 22	0	0	0	. 0	0	0	0	Intermediate DD	0	0
ICF/DD		0	0	0	0	0	0	Shelter	0	0
Sheltered Care			0	0	0	0	0			
TOTALS	0	11	0	0	34	0	45			

RES	IDENTS BY RA	CIAL/ETHNIC	ITY GROUP	ING		STAFFI	NG
RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals	EMPLOYMENT	FULL-TIME
Asian	0	0	0	0	0	CATEGORY	EQUIVALENT
Amer. Indian	0	0	0	0	O	Administrators	1.00
Black	0	0	. 0	0	0	Physicians	0.00
Hawaiian/Pac. Isl.	0	0	0	0	0	Director of Nursing	1.00
White	45	0	0	0	45	Registered Nurses	9.40
Race Unknown	0	0	0	0	0	LPN's	3.80
Total	45	0	0	0	45	Certified Aides	27.10
						Other Health Staff	0.00
ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals	Non-Health Staff	23.00
Hispanic	0	0	0	0	0	Totals	65.30
Non-Hispanic	45	0	0	0	45	. • • • • • • • • • • • • • • • • • • •	
Ethnicity Unknown	0	0	0	0	0		
Total	45	0	0	0	45		

	NET REVEN	IUE BY PAYOR	SOURCE (Fiscal Yea	ır Data)		Charity	Charity Care
			(Care	Expense as % of
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense*	Total Net Revenue
0.0%	21.9%	0.0%	0.0%	78.1%	100.0%		0.0%
0	646,397	0	0	2,302,782	2,949,179	0	

^{*}Charity Expense does not include expenses which may be considered a community benefit.



2750 W Highland Ave

Elgin, IL 60124-4202 17.07 miles / 24 minutes

Notes

Click to learn more...

Apostolic Christian Resthauen





Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012

1. Start out going east on IL-176 / E Terra Cotta Ave toward Mistwood Ln. Map

0.5 Mi

0.5 Mi Total

r sgyr

2. Turn right onto IL-31 S. Map

2.6 Mi

3.1 Mi Total

3. Turn

3. Turn right onto James R Rakow Rd / CR-A45. Continue to follow James R Rakow Rd. Map

2.6 Mi

Ru. <u>Mar</u>

5.7 Mi Total

4. James R Rakow Rd becomes Randall Rd. Map

11.1 Mi 16.8 *M*i Total

5. Turn sharp right onto Highland Ave. Map

0.3 Mi

17.1 Mi Total

6. 2750 W HIGHLAND AVE is on the right. Map



2750 W Highland Ave, Elgin, IL 60124-4202

Total Travel Estimate: 17.07 miles - about 24 minutes

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ILLINOIS LONG-TERM CARE PROFILE	-CALENDAR I CAI	X 2010 ARLINGTON REHAB & LIV	VING CIK.	LONG GROVE	NAMES OF THE PARTY
ARLINGTON REHAB & LIVING CTR.		ADMISSION RESTRICTIO	NS	RESIDENTS BY PRIMARY DIAGN	IOSIS
1666 CHECKER ROAD		Aggressive/Anti-Social	1	DIAGNOSIS	
LONG GROVE, IL. 60047		Chronic Alcoholism	0	Neoplasms	4
Reference Numbers Facility ID 6014	1344	Developmentally Disabled	1	Endocrine/Metabolic	1
Health Service Area 008 Planning Serv	ice Area 097	Drug Addiction	1	Blood Disorders	2
Administrator		Medicald Recipient	0	*Nervous System Non Alzheimer	18
DAVID J. ZARUBA		Medicare Recipient	0	Alzheimer Disease	21
Contact Descen and Talashaus		Mental Illness	0	Mental Iliness	2
Contact Person and Telephone DAVID J. ZARUBA		Non-Ambulatory	0	Developmental Disability	0
847-419-1111		Non-Mobile	0	Circulatory System	60
047-419-1111	Date	Public Aid Recipient	0	Respiratory System	14
Registered Agent Information	Completed	Under 65 Years Old	0	Digestive System	0
Charles Sheets	3/1/2011	Unable to Self-Medicate	0	Genitourinary System Disorders	0
321 N. Clark Street		Ventilator Dependent	1	Skin Disorders	1
Chicago, IL 60610		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	5
FACILITY OWNERSHIP		Other Restrictions	0	Injuries and Poisonings	5
FOR-PROF CORPORATION		No Restrictions	0	Other Medical Conditions	28
		Note: Reported restictions deno	tad by III	Non-Medical Conditions	0
CONTINUING CARE COMMUNITY	No	woie. Reported restrictions denoi	ieu vy 1	TOTALS	161
LIFE CARE FACILITY	No		Total Res	idents Diagnosed as Mentally III	54

	LICENSED	BEDS, BEI	DS IN US	E, MEDICA	RE/MEDIC	CAID CERTIFIE	D BEDS		ADMISSIONS AND DISCHARGES - 2010	,
		PEAK	PEAK						DIGOTIANCES - 2010	
LEVEL OF CARE	LICENSED BEDS	BEDS SET-UP	BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010 Total Admissions 2010	168 382
Nursing Care	190	190	184	190	161	29	190	190	Total Discharges 2010	389
Skilled Under 22	0	0	0	0	0	0		0	Residents on 12/31/2010	161
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	190	190	184	190	161	29	190	190		

LEVEL OF CARE	Med Pat. days		Medi Pat. days	caid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	13775	19.9%	4279	4 61.79	6 0	947	4063	0	61579	88.8%	88.8%
Skilled Under 22				0.09	6 0	0	0	0	0	0.0%	0.0%
Intermediate DD				0 0.0%	6 0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1377	5 19.9%	4279	4 61.79	% 0	947	4063	0	61579	88.8%	88.8%

	NURSIN	IG CARE	SKL U	NDER 22	INTER	RMED, DD	SHEL	TERED	T	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	6	3	0	0	0	0	0	0	6	3	9
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	6	15	0	0	0	0	0	0	6	15	21
75 to 84	18	31	0	0	0	0	0	0	18	31	49
85+	17	61	0	0	0	0	0	0	17	61	78
TOTALS	48	113	0	0	0	0	0	0	48	113	161

ARLINGTON REHAB & LIVING CTR.

1666 CHECKER ROAD

LONG GROVE, IL. 60047

Reference Numbers Facility ID 6014344

Health Service Area 008 Planning Service Area 09

ce Area	800	Planning S	Service Area	097		
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RE	SIDENTS B	Y PAYMEN	rsourc	E AND LEVE	EL OF CA	RE		AVERAGE DAILY	PAYMENT	RATES
LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS	LEVEL OF CARE Nursing Care	SINGLE 300	DOUBLE 210
Nursing Care	38	110	0	1	12	0	161	Skilled Under 22	0	0
Skilled Under 22	0	0	0	0	0	0	0	Intermediate DD	0	0
ICF/DD		0	0	0	0	0	0	Shelter	0	0
Sheltered Care			0	0	0	0	0			-
TOTALS	38	110	0	1	12	0	161			

RES	IDENTS BY RA	CIAL/ETHNIC	ITY GROUP	ING		STAFFI	NG
RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals	EMPLOYMENT	FULL-TIME
Asian	4	0	0	0	. 4	CATEGORY	EQUIVALENT
Amer. Indian	0	0	0	0	0	Administrators	1.00
Black	1	0	0	0	1	Physicians	0.00
Hawaiian/Pac. Isl.	0	0	0	0	0	Director of Nursing	1.00
White	156	0	0	0	156	Registered Nurses	14.00
Race Unknown	0	0	0	0	0	LPN's	19.00
Total	161	0	0	0	161	Certified Aides	64.00
				_		Other Health Staff	6.00
ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals	Non-Health Staff	54.00
Hispanic	9	0	0	0	9	Totals	159.00
Non-Hispanic	152	0	0	0	152	7 012.0	,55.50
Ethnicity Unknown	0	0	0	0	0		
Total	161	0	0	0	161		

	NET REVEN	Charity	Charity Care				
			,	,		Care	Expense as % of
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense*	Total Net Revenue
52.9%	38.0%	0.0%	2.8%	6.2%	100.0%		0.0%
7,305,581	5,249,121	0	383,145	861,738	13,799,585	0	

^{*}Charity Expense does not include expenses which may be considered a community benefit.



1666 Checker Rd

Long Grove, IL 60047-5289 20.04 miles / 33 minutes Notes

Arlington Petrab & Living Center



Terra Cotta Rd & II Route 176, Crystal Lake, IL 60012

		1.	Start out going east on IL-176 / ETerra Cotta Ave toward Mistwood Ln. Map	0.5 Mi
				0.5 Mi Total
griþ-	SQUITH	2.	Turn right onto IL-31 S. Map	1.4 Mi
*	214	ĺ		1.9 Mi Total
RAMP		3.	Take the US-14 ramp. <u>Map</u>	0.2 Mi
				2.1 Mi Total
4-4	\sim	4.	Turn left onto US-14 / Northwest Hwy. Continue to follow US-14. Map	4.8 Mi
* \$	(14)			6.9 Mi Total
4		5.	Turn left onto IL-22. Map	5.3 Mi
. 1	22			12.2 Mi Total
and:	(BST)	6.	Turn right onto S Rand Rd / US-12 E. Map	4.4 Mi
**	(12)			16.6 Mi Total
K		7.	Turn slight left onto Lake Cook Rd. Map	2.8 Mi
			- Comments	19.4 Mi Total
den		8.	Turn left onto N Arlington Heights Rd. Map	0.5 Mi
4.1				19.9 Mi Total
4m		9.	Turn left onto Checker Rd / W Checker Rd. Map	0.2 Mi
.1				20.0 Mi Total
		10	D. 1666 CHECKER RD is on the right. Map	

Total Travel Estimate: 20.04 miles - about 33 minutes

1666 Checker Rd, Long Grove, IL 60047-5289

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MELINOIS LONG-ILAW CARE PROFILI	E-VALENDAR TEA	R 2010 ASSISTACC AT CLARE OF	ANS		elitarian antique
ASSISI HCC AT CLARE OAKS		ADMISSION RESTRICTION	NS	RESIDENTS BY PRIMARY DIAGN	IOSIS
829 CARILLON DRIVE		Aggressive/Anti-Social	1	DIAGNOSIS	
BARTLETT, IL. 60103		Chronic Alcoholism	1	Neoplasms	1
Reference Numbers Facility ID 601	16273	Developmentally Disabled	1	Endocrine/Metabolic	41
Health Service Area 007 Planning Ser	vice Area 701	Drug Addiction	1	Blood Disorders	1
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	0
Michelle Hart-Carlson		Medicare Recipient	0	Alzheimer Disease	0
Contact Devices and Talentee		Mental Illness	1	Mental Iliness	0
Contact Person and Telephone MICHELLE HART-CARLSON		Non-Ambulatory	0	Developmental Disability	0
630-483-4742		Non-Mobile	0	Circulatory System	8
030-463-4742	Date	Public Aid Recipient	0	Respiratory System	6
Registered Agent Information	Completed	Under 65 Years Old	0	Digestive System	4
Edward Otto	2/28/2011	Unable to Self-Medicate	0	Genitourinary System Disorders	4
1335 S. Prairie Avenue		Ventilator Dependent	1	Skin Disorders	2
Chicago, IL 60605		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	7
FACILITY OWNERSHIP		Other Restrictions	0	Injuries and Poisonings	12
NON-PROF CORPORATION		No Restrictions	0	Other Medical Conditions	0
CONTINUING CARE COMMUNITY	V	Note: Reported restictions denoi	tod by 111	Non-Medical Conditions	0
LIFE CARE FACILITY	Yes	now. Reported restroitons denot	ieu vy 1	TOTALS	86
LIFE OAKE FACILITY	Yes		Total Res	idents Diagnosed as Mentally III	1

		ADMISSIONS AND								
		PEAK	PEAK						DISCHARGES - 2010)
LEVEL OF CARE	LICENSED BEDS	BEDS SET-UP	BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010 Total Admissions 2010	79 609
Nursing Care	120	120	101	120	86	34	120	25	Total Discharges 2010	602
Skilled Under 22	0	0	0	0	0	0		0	Residents on 12/31/2010	86
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	33	0	0	0	0	33			identified Offenders	0
TOTAL BEDS	153	120	101	120	86	67	120	25		

LEVEL OF CARE	Medi Pat. days		Medi Pat. days	caid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	15803	36.1%	666	6 73.19	6 0	1263	6210	9	29951	68.4%	68.4%
Skilled Under 22				0.09	6 0	0	0	0	0	0.0%	0.0%
Intermediate DD				0.09	6 0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1580	3 36.1%	6666	3 73.19	% 0	1263	6210	9 .	29951	53.6%	68.4%

	NURSIN	NURSING CARE		SKL UNDER 22		INTERMED, DD		TERED	TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	4	10	0	0	0	0	0	0	4	10	14
75 to 84	7	18	0	0	0	0	0	0	7	18	25
85+	5	40	0	0	0	0	0	0	5	40	45
TOTALS	17	69	0	0	0	0	0	0	17	69	86

ASSISI HCC AT CLARE OAKS

829 CARILLON DRIVE BARTLETT, IL. 60103

RES	IDENTS B	Y PAYMENT	SOURCE	E AND L	EVEL	OF CAF	₹E			AVERAGE	E DAILY PAY	MENT	RATES
LEVEL		•	Other			Private	Charity			LEVEL OF CA	ARE SIN	IGLE	DOUBLE
OF CARE	Medicare	Medicaid	Public	Insurar	ice	Pay	Care	TOTALS	3	Nursing Care		292	278
Nursing Care	48	15	0		3	19	1	86		Skilled Unde	r 22	0	0
Skilled Under 22	0	0	0		0	0	0	0		Intermediate	DD	0	0
ICF/DD		0	0		0	0	0	0		Shelter		0	0
Sheltered Care	45		0		0	0	0	0					
TOTALS	48	15	0		3	19	1	86	-				
A MANAGEMENT OF THE PROPERTY O	RESIDEN	ITS BY RAC	AL/ETH	IICITY (GROU	PING		er yang kesakan mari binan kalasi an	San tak atah dan ma ncaka di	CONTRACTOR COMPLETE CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CO	STAFFING	MACLANCIA SALISALI	
RACE		Nursing	SklUnd2	2 IC	F/DD	Shel	ter T	otals		EMPLOYM		FULL-TIME	
Asian		0	0		0	***************************************	0	0		CATEGO	RY	EQ	UIVALENT
Amer. Indian		0	0		0		0	0		Administrators		1.00	
Black		2	0		0		0	2		Physicians			0.00
Hawaiian/Pac. Isl.		0	0		0		0	0		Director of Nu	rsing		1.00
White		84	0		0		0	84		Registered Nu	ırses		19.50
Race Unknown		0	0		0		0	0		LPN's		12.50	
Total		86	0	***************************************	0		0	86		Certified Aide:	s	47.00	
										Other Health S	Staff		12.50
ETHNICITY		Nursing	SklUnd2	2 IC	F/DD	Shel	ter T	otals		Non-Health St	taff		30.50
Hispanic		0	0		0		0	0		Totals		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	124.00
Non-Hispanic		86	0		0		0	86					
Ethnicity Unknown	1	0	0		0		0	0					
Total		86	0		0		0	86					
		NET REVEN	NUE BY F	AYOR	SOUR	CE (Fisc	al Year I	Data)	- COARD STOLEN	en man ann ann a tha ann an Chairle an Ann an A	Charity		Charity Care
Medicare		// Medicald	046 5	No official in	n	.4		Data - 4 - D		TOTALO	Care	•	ense as % or
viedicare 43.5%	r\		Other F		Priva	ite Insura		Private P	,	TOTALS	Expense*	iOU	al Net Reven 0.2%
7,015,809		44.0% 7.088,755		0.0%		320,6	.0%	10. 1,700.5	.5%	100.0% 16,125,749	34,504		U.Z%



829 Carillon Dr

Bartlett, IL 60103-5300 22.51 miles / 35 minutes Notes

Assisi Healthcare Center at Clare Caks



Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012

	**		
	1. Sta	art out going east on IL-176 / E Terra Cotta Ave toward Mistwood Ln. Map	0.5 Mi
			0.5 Mi Total
P	Source 2. Tu	rn r ight onto IL-31 S . <u>Map</u>	5.8 Mi
42	317		6.3 Mi Total
4-9	3. Tu	rn l eft onto Algonquin Rd / IL-62 . <u>Map</u>	7.0 Mi
	62		13.3 Mi Total
A	4. Tui	n slight right onto IL-59 S / New Sutton Rd. Continue to follow IL-59 S. Map	8.6 Mi
	037		21.9 Mi Total
(** *	5. Tur	n left onto W Bartlett Rd. <u>Map</u>	0.5 Mi
`#			22.4 Mi Total
	6. Tur	n right onto Carillon Dr . <u>Map</u>	0.1 Mi
			22.5 Mi Total
	7. 829	CARILLON DR. Map	

829 Carillon Dr, Bartlett, IL 60103-5300

Total Travel Estimate: 22.51 miles - about 35 minutes

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					ZKARIS ORIOMINE SUSIENS		
ASTA CARE CENTER OF ELGIN		ADMISSION RESTRICTION	ONS	RESIDENTS BY PRIMARY DIAGN	osis		
134 NORTH MCLEAN BOULEVARD		Aggressive/Anti-Social	1	DIAGNOSIS			
ELGIN, IL. 60123		Chronic Alcoholism	1	Neoplasms	6		
Reference Numbers Facility ID 600	05847	Developmentally Disabled	0	Endocrine/Metabolic	11		
Health Service Area 008 Planning Se	rvice Area 089	Drug Addiction	1	Blood Disorders	0		
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	10		
Jack Siegel		Medicare Recipient	0	Alzheimer Disease	10		
		Mental Illness	0	Mental Illness	2		
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0		
Jack Siegel		Non-Mobile	0	Circulatory System	6		
847-742-8822	Date	Public Aid Recipient	0	Respiratory System	13		
Registered Agent Information	Completed	Under 65 Years Old	0	Digestive System	11		
Seth Gillman	2/25/2011	Unable to Self-Medicate	0	Genitourinary System Disorders	9		
134 N.McLean Blv		Ventilator Dependent	0	Skin Disorders	4		
ELGIN, IL 60123		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	4		
FACILITY OWNERSHIP		Other Restrictions	0	Injuries and Poisonings	0		
LIMITED LIABILITY CO		No Restrictions	0	Other Medical Conditions	0		
		Note: Reported restictions deno	ated by 'l'	Non-Medical Conditions	0		
CONTINUING CARE COMMUNITY	No	Note. Reported restictions deno	чей бу 1	TOTALS	86		
LIFE CARE FACILITY	No		Total Residents Diagnosed as Mentally III				

	LICENSED	ADMISSIONS AND DISCHARGES - 2010								
		PEAK	PEAK						5100:1A(\GE0 - 2010	
	LICENSED	BEDS	BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	Residents on 1/1/2010	87
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Total Admissions 2010	96
Nursing Care	102	99	97	99	86	16	52	102	Total Discharges 2010	97
Skilled Under 22	0	0	0	0	0	0		0	Residents on 12/31/2010	86
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0			Identified Offenders	2
TOTAL BEDS	102	99	97	99	86	16	52	102		

						Private	Private	Charity		Licensed	Peak Beds
	Med	icare	Medi	caid	Other Public	Insurance	Pay	Care	TOTAL	Beds	Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4877	7 25.7%	2188	2 58.8%	2763	911	1450	0	31883	85.6%	88.2%
Skilled Under 22				0 0.0%	6 0	0	0	0	0	0.0%	0.0%
Intermediate DD				0 0.0%	6 0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	487	7 25.7%	2188	2 58.89	% 2763	911	1450	0	31883	85.6%	88.2%

	NURSING CARE		SKL UNDER 22		INTERMED, DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0.	0	0	0
18 to 44	6	3	0	0	0	0	0	0	6	3	9
45 to 59	13	7	0	0	0	0	0	0	13	7	20
60 to 64	4	8	0	0	0	0	0	0	4	8	12
65 to 74	10	6	0	0	0	0	0	0	10	6	16
75 to 84	9	9	0	0	0	0	0	0	9	9	18
85+	5	6	0	0	0	0	0	0	5	6	11
TOTALS	47	39	0	0	0	0	0	0	47	39	86

ASTA CARE CENTER OF ELGIN

134 NORTH MCLEAN BOULEVARD

ELGIN, IL. 60123

Reference Numbers Facility ID 6005847

Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CAR	RESIDENTS	BY PAYMENT	SOURCE AND	LEVEL OF CARE
--	-----------	------------	------------	---------------

AVERAGE DA	VILY .	PAYMENT	RATES
------------	--------	---------	-------

LEVEL			Other		Private	Charity		LEVEL OF CARE	SINGLE	DOUBLE
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	Nursing Care	180	150
Nursing Care	14	63	0	3	6	0	86	Skilled Under 22	0	0
Skilled Under 22	0	0	0	0	0	0	0	Intermediate DD	0	0
ICF/DD		0	0	0	0	0	0	Shelter	0	0
Sheltered Care			0	0	0	0	0			
TOTALS	14	63	0	3	6	0	86			

RE	SIDENTS BY RA	CIAL/ETHNIC	ITY GROUP	ING		STAFFING	
RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals	EMPLOYMENT FULL-TIM	
Asian	3	0	0	0	3	CATEGORY EQUIVALE	ENT
Amer. Indian	0	0	0	0	0	Administrators 1	.00
Black	4	0	0	0	4	Physicians 0	.00
Hawaiian/Pac. Isl.	0	0	0	0	0	Director of Nursing 1	.00
White	79	0	0	0	79	Registered Nurses 6	.00
Race Unknown	0	0	0	0	0	LPN's 7	.00
Total	86	0	0	0	86	Certified Aides 33	.00
rotar	00	· ·	0	Ü		Other Health Staff 4	.00
ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals	Non-Health Staff 38	.00
Hispanic	10	0	0	0	10	Totals 90	.00
Non-Hispanic	76	0	0	0	76		
Ethnicity Unknown	0	0	0	0	0		
Total	86	0	0	0	86		

TO COLOR DE	NET DEVEN	HE BY DAYOR	SOURCE (Fiscal Yea	r Nata\	A STATE OF THE STA	Charity	Charity Care
	ITEL INDIVIDU	IOL DI FATOR	OOONOE (1 lacal 1 ca	ii Dawi		Care	Expense as % of
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense*	Total Net Revenue
26.9%	63.6%	0.0%	5.5%	3.9%	100.0%		0.0%
1,484,701	3,504,782	0	304,590	216,846	5,510,919	0	
		6.5 6 6	and the second second second	in banasi			

^{*}Charity Expense does not include expenses which may be considered a community benefit.



134 N McLean Blvd

Elgin, IL 60123-5169 18.16 miles / 27 minutes Notes

Ada Care Center Elgin



Terra Cotta Rd & II Route 176, Crystal Lake, IL 60012

	1. Start out going east on IL-176 / ETerra Cotta Ave toward Mistwood Ln. Map	0.5 Mi
***		0.5 Mi Total
r >	2. Turn right onto IL-31 S. Map	2.6 Mi
*		3.1 Mi Total
r	3. Turn right onto James R Rakow Rd / CR-A45. Continue to follow James R Rakow Rd. Map	2.6 Mi
	No. 1961	5.7 Mi Total
4	4. James R Rakow Rd becomes Randall Rd. Map	9.8 Mi
		15.5 Mi Total
K	5. Turn slight left onto Big Timber Rd / CR-21. Map	1.2 Mi
		16.7 Mi Total
	6. Turn right onto N McLean Blvd . <u>Map</u>	0.4 Mi
W T		17.1 Mi Total
4	7. N McLean Blvd becomes Wing St. Map	0.3 Mi
*		17.4 Mi Total
and the	8. Turn right onto N McLean Blvd. Map	0.7 Mi
# "		18.2 Mi Total
	9. 134 N MCLEAN BLVD is on the right. Map	
	134 N McLean Blvd, Elgin, IL 60123-5169	

Total Travel Estimate: 18.16 miles - about 27 minutes

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CLAREMONT-HANOVER PARK		ADMISSION RESTRICTIO	NS	RESIDENTS BY PRIMARY DIAGNO	OSIS
2000 WEST LAKE STREET		Aggressive/Anti-Social	1	DIAGNOSIS	
HANOVER PARK, IL. 60133		Chronic Alcoholism	1	Neoplasms	0
Reference Numbers Facility ID	3016554	Developmentally Disabled	1	Endocrine/Metabolic	0
Health Service Area 007 Planning	Service Area 701	Drug Addiction	1	Blood Disorders	0
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	0
Lisa Ulm		Medicare Recipient	0	Alzheimer Disease	0
		Mental Illness	1	Mental Iliness	0
Contact Person and Telephone		Non-Ambulatory	1	Developmental Disability	0
LISA ULM		Non-Mobile	0	Circulatory System	0
630-556-2000	Date	Public Aid Recipient	0	Respiratory System	1
Registered Agent Information	Completed	Under 65 Years Old	0	Digestive System	0
MS Registered Agent Service In	3/2/2011	Unable to Self-Medicate	0	Genitourinary System Disorders	0
191 N Wacker Drive Suite 18		Ventilator Dependent	1	Skin Disorders	0
Chicago, IL 60606		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	0
FACILITY OWNERSHIP		Other Restrictions	0	Injuries and Poisonings	0
LIMITED LIABILITY CO		No Restrictions	0	Other Medical Conditions	1
		Note: Reported restictions denoi	tad by 111	Non-Medical Conditions	0
CONTINUING CARE COMMUNITY	. No	noie. Reported restitutions denoi	eu vy 1	TOTALS	2
LIFE CARE FACILITY	No		Total Res	idents Diagnosed as Mentally III	0

	LICENSED	BEDS, BEI	S IN US	E, MEDICA	RE/MEDIC	CAID CERTIFIE	D BEDS		ADMISSIONS AND DISCHARGES - 2010	
		PEAK	PEAK						DISCHARGES - 2010	
LEVEL OF OARE	LICENSED	BEDS	BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	Residents on 1/1/2010	0
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Total Admissions 2010	2
Nursing Care	150	78	2	78	2	148	0	0	Total Discharges 2010	0
Skilled Under 22	0	0	0	0	0	0		0	Residents on 12/31/2010	2
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	150	78	2	78	2	148	0	0		

LEVEL OF CARE	Med Pat. days		_	Med Pat. days		id occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	()	0.0%		0	0.09	6 0	. 0	80	0	80	0.1%	0.3%
Skilled Under 22					0	0.09	6 0	0	0	0	0	0.0%	0.0%
Intermediate DD					0	0.09	6 0	0	0	0	0	0.0%	0.0%
Sheltered Care							0	0	0	0	0	0.0%	0.0%
TOTALS	oras discommensarios de la compania	0	0.0%	**************************************	0	0.0	% 0	0	80	0	80	0.1%	0.3%

	NURSIN	IG CARE	SKL U	NDER 22	INTER	RMED. DD	SHEL	TERED	T	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	.0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	1	1	0	0	0	0	0	0	1	1	2
TOTALS	1	1	0	0	0	0	0	0	1	1	2

CLAREMONT-HANOVER PARK

2000 WEST LAKE STREET

HANOVER PARK, IL. 60133

Reference Numbers Facility ID 6016554

Health Service Area 007 Planning Service Area 701

RE	SIDENTS B	Y PAYMENT	SOURC	E AND LEV	EL OF CA	RE		AVERAGE DAILY	PAYMENT	RATES
LEVEL			Other		Private	Charity		LEVEL OF CARE	SINGLE	DOUBLE
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	Nursing Care	325	275
Nursing Care	0	0	0	0	2	0	2	Skilled Under 22	0	0
Skilled Under 22	0	0	0	0	0	0	0	Intermediate DD	0	0
ICF/DD		0	0	0	0	0	0	Shelter	0	0
Sheltered Care			0	0	0	0	0			
TOTALS	0	0	0	0	2	0	2			

RES	IDENTS BY RA	CIAL/ETHNIC	TY GROUP	ING		STAFF	NG
RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals	EMPLOYMENT	FULL-TIME
Asian	0	0	0	0	0	CATEGORY	EQUIVALENT
Amer, Indian	0	0	0	0	0	Administrators	1.00
Black	0	0	0	0	0	Physicians	0.00
Hawaiian/Pac. Isl.	0	0	0	0	0	Director of Nursing	1.00
White	2	0	0	0	2	Registered Nurses	3.00
Race Unknown	0	0	0	0	0	LPN's	2.00
Total	2	0	0	0	2	Certified Aides	4.00
lotai	۷	O	U	v	-	Other Health Staff	5.00
ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals	Non-Health Staff	4.00
Hispanic	0	0	0	0	0	Totals	20.00
Non-Hispanic	2	0	0	0	2		
Ethnicity Unknown	0	0	0	0	0		
Total	2	0	0	0	2	ŧ	

	NET DEVEN	ILE BY DAVAD	SOURCE (Fiscal Yea	ur Nata)	ACT DECEMBER OF THE PARTY OF TH	Charity	Charity Care
	NEIREVEN	OE BI FAION	300NOE (Fiscal Fee	ii Dalaj		Care	Expense as % of
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense*	Total Net Revenue
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	
*Charity Expense does no	ot include expense	s which may be	considered a commun	ity benefit.			

FACILITY NOTES

Name Change

11/15/2010 Name changed rom Church Creek Station Nursing.

Licensure

11/15/2010 Facility licensed for operation.



2000 W Lake St

Hanover Park, IL 60133-4302 23.35 miles / 37 minutes

Notes

Chrish Creek Stabon Skilled Care



Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012

1. Start out going east on IL-176 / E Terra Cotta Ave toward Mistwood Ln. Map

0.5 Mi 0.5 Mi Total

2. Turn right onto IL-31 S. Map

5.8 Mi

6.3 Mi Total

3. Turn left onto Algonquin Rd / IL-62. Map

9.4 Mi

15.6 Mi Total

4. Turn right onto N Barrington Rd. Map

7.5 Mi

23.1 Mi Total

5. Turn right onto W Lake St / US-20 / Ulysses S Grant Memorial Hwy. Map

0.2 Mi

23.4 Mi Total

6. 2000 W LAKE ST is on the right. Map



2000 W Lake St, Hanover Park, IL 60133-4302

Total Travel Estimate: 23.35 miles - about 37 minutes

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CONTROL OF THE PROPERTY OF THE		CECIO OLACLINOITI ILLIAD G.L.	I W HACK O LITE.	DOITALO ONOTE		
CLAREMONT REHAB & LIVING CTR.		ADMISSION RESTRICTION	NS	RESIDENTS BY PRIMARY DIAGN	IOSIS	
150 NORTH WEILAND ROAD		Aggressive/Anti-Social	1	DIAGNOSIS		
BUFFALO GROVE, IL. 60089		Chronic Alcoholism	1	Neoplasms	4	
Reference Numbers Facility ID 601	14195	Developmentally Disabled	1	Endocrine/Metabolic	5	
Health Service Area 008 Planning Ser	rvice Area 097	Drug Addiction	1	Blood Disorders	0	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	20	
Jeff Baker		Medicare Recipient	0	Alzheimer Disease	31	
Onesteed December 1 7 5 1		Mental Iliness	1	Mental Illness	17	
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	2	
Jeff Baker 847-465-0200		Non-Mobile	0	Circulatory System	13	
647~405~0200	Date	Public Aid Recipient	0	Respiratory System	6	
Registered Agent Information	Completed	Under 65 Years Old	0	Digestive System	4	
	2/28/2011	Unable to Self-Medicate	0	Genitourinary System Disorders	15	
		Ventilator Dependent	0	Skin Disorders	1	
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	4	
FACILITY OWNERSHIP		Other Restrictions	0	Injuries and Poisonings	7	
LIMITED LIABILITY CO		No Restrictions	0	Other Medical Conditions	28	
		Note: Reported restictions deno	tad by !!!	Non-Medical Conditions	0	
CONTINUING CARE COMMUNITY	No	Note. Reported restictions deno	ieu by 1	TOTALS	157	
LIFE CARE FACILITY	No	No .		Total Residents Diagnosed as Mentally III		
The State of the S					Care Section Control to Control of the Control of t	

	LICENSED	BEDS, BE	DS IN US	E, MEDICA	RE/MEDIC	CAID CERTIFIE	D BEDS		ADMISSIONS AND DISCHARGES - 2010	
		PEAK	PEAK						DISCHARGES - 2010	,
LEVEL OF CARE	LICENSED BEDS	BEDS SET-UP	BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	155
Nursing Care	200	200	195	200	157	43	200	200	Total Admissions 2010 Total Discharges 2010	841 839
Skilled Under 22	0	0	0	0	0	0		0	Residents on 12/31/2010	157
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	. 0	0	0			Identified Offenders	0
TOTAL BEDS	200	200	195	200	157	43	200	200		

						Private	Private	Charity		Licensed	Peak Beds
	Medi	care	Medi	caid	Other Public	Insurance	Pay	Care	TOTAL	Beds	Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	14824	20.3%	3005	5 41.29	6 0	2648	11208	0	58735	80.5%	80.5%
Skilled Under 22				0.09	6 0	0	0	0	0	0.0%	0.0%
Intermediate DD				0.09	6 0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1482		3005	5 41.29	% 0	2648	11208	0	58735	80.5%	80.5%

	NURSIN	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL	
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	7	4	0	0	0	0	0	0	7	4	11
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	6	13	0	0	0	0	0	0	6	13	19
75 to 84	11	32	0	0	0	0	0	0	11	32	43
85+	13	64	0	0	0	0	0	0	13	64	77
TOTALS	40	117	0	0	0	0	0	0	40	117	157

CLAREMONT REHAB & LIVING CTR.

150 NORTH WEILAND ROAD BUFFALO GROVE, IL. 60089

Reference Numbers Facility ID 6014195

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pav	Charity Care	TOTALS	LEVEL OF CARE	SINGLE	DOUBLE
OI OMIL	MCGICAIC	Wicuicalo	1 UONG	mourance	ray	Care	TOTALS	Nursing Care	250	211
Nursing Care	39	83	0	3	32	0	157	Skilled Under 22	0	0
Skilled Under 22	0	0	0	0	0	0	0	Intermediate DD	0	0
ICF/DD		0	0	0	0	0	0	Shelter	0	0
Sheltered Care			0	0	0	0	0			
TOTALS	39	. 83	0	3	32	0	157			

R	ESIDENTS BY RA	CIAL/ETHNIC	ITY GROUP	ING		STAFFI	NG
RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals	EMPLOYMENT	FULL-TIME
Asian	2	0	0	0	2	CATEGORY	EQUIVALENT
Amer, Indian	0	0	0	0	0	Administrators	1.00
Black	0	0	0	0	0	Physicians	0.00
Hawalian/Pac. Isl.	0	0	0	0	0	Director of Nursing	1.00
White	155	0	0	0	155	Registered Nurses	20.22
Race Unknown	0	0	0	0	0	LPN's	18.02
Total	157	0	0	0	157	Certified Aides	58.60
			•			Other Health Staff	14.97
ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals	Non-Health Staff	54.10
Hispanic	9	0	0	0	9	Totals	167.91
Non-Hispanic	148	0	0	0	148		
Ethnicity Unknown	0	0	0	0	0		
Total	157	0	0	0	157		

	NET REVEN	IUE BY PAYOR	SOURCE (Fiscal Yea	ır Data)		Charity	Charity Care
				,		Care	Expense as % of
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense*	Total Net Revenue
49.5%	26.6%	0.0%	7.0%	16.9%	100.0%		0.0%
7,510,880	4,031,531	0	1,059,246	2,559,916	15,161,573	0	
7,510,880	4,031,531	0	1,059,246	2,559,916	15,161,573	0	

^{*}Charity Expense does not include expenses which may be considered a community benefit.



150 Weiland Rd

Buffalo Grove, IL 60089-7047 21.09 miles / 35 minutes Notes

Claremont Rehab & Living Center



Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012

0	1. Start out going east on IL-176 / E Terra Cotta Ave toward Mistwood Ln. M	
		0.5 Mi Total
*	2. Turn right onto IL-31 S . <u>Map</u>	1.4 Mi
* -	31	1.9 Mi Total
RAMP	3. Take the US-14 ramp. <u>Map</u>	0.2 Mi
		2.1 Mi Total
Ann	4. Turn left onto US-14 / Northwest Hwy. Continue to follow US-14. Map	4.8 Mi
* 1	14)	6.9 Mi Total
A.	5. Turn left onto IL-22. Map	5.3 Mi
4.1	22	12.2 Mi Total
	(EGF) 6. Turn right onto S Rand Rd / US-12 E. Map	4.4 Mi
17	(12)	16.6 Mi Total
	7. Turn slight left onto Lake Cook Rd. <u>Map</u>	4.4 Mi
	7. Tutti siigit lest onto Lake Cook No. 1980	21.0 Mi Total
47	8. Turn left onto Weiland Rd. <u>Map</u>	0.1 Mi
		21.1 Mi Total
	9. 150 WEILAND RD . <u>Map</u>	

Total Travel Estimate: 21.09 miles - about 35 minutes

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150 Weiland Rd, Buffalo Grove, IL 60089-7047

		N 2010 ON TOTAL FINES RENAD	& NGC	UNIO I AL LANC	
CRYSTAL PINES REHAB & HCC		ADMISSION RESTRICTION	NS	RESIDENTS BY PRIMARY DIAGN	IOSIS
335 NORTH ILLINOIS AVENUE		Aggressive/Anti-Social	1	DIAGNOSIS	
CRYSTAL LAKE, IL. 60014		Chronic Alcoholism	1	Neoplasms	0
Reference Numbers Facility ID 600	02299	Developmentally Disabled	0	Endocrine/Metabolic	0
Health Service Area 008 Planning Ser	rvice Area 111	Drug Addiction	1	Blood Disorders	0
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	0
IRENE GLASS		Medicare Recipient	0	Alzheimer Disease	0
Contact Dances and Tolors		Mental Illness	1	Mental Illness	0
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0
IRENE GLASS 815-459-7791		Non-Mobile	0	Circulatory System	28
010-409-7791	Date	Public Aid Recipient	0	Respiratory System	19
Registered Agent Information	Completed	Under 65 Years Old	0	Digestive System	15
	2/28/2011	Unable to Self-Medicate	0	Genitourinary System Disorders	8
		Ventilator Dependent	1	Skin Disorders	0
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	31
FACILITY OWNERSHIP		Other Restrictions	0	Injuries and Poisonings	0
LIMITED LIABILITY CO		No Restrictions	0	Other Medical Conditions	0
	N -	Note: Reported restictions deno	tad by 111	Non-Medical Conditions	0
CONTINUING CARE COMMUNITY LIFE CARE FACILITY	No	Note. Reported restroitons deno-	ieu oy I	TOTALS	101
LIFE CARE FACILITY	No		Total Res	idents Diagnosed as Mentally III	0
to the control of the					

	LICENSED	BEDS, BEI	OS IN US	E, MEDICA	ARE/MEDIC	CAID CERTIFIE	ED BEDS		ADMISSIONS AND	
		PEAK	PEAK						DISCHARGES - 2010	
LEVEL OF CARE	LICENSED BEDS	BEDS SET-UP	BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010 Total Admissions 2010	101 176
Nursing Care	114	110	107	110	101	13	112	104	Total Discharges 2010	176
Skilled Under 22	0	0	0	0	0	0		0	Residents on 12/31/2010	101
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	114	110	107	110	101	13	112	104		

	Medi	oarn	Medi	ionid	Other Public	Private	Private	Charity	TOTAL	Licensed	Peak Beds
LEVEL OF CARE	Pat. days		Pat. days		Pat. davs	Insurance Pat. days	Pay Pat. davs	Care Pat. davs	TOTAL Pat. davs	Beds Occ. Pct.	Set Up Occ. Pct.
Nursing Care	4940		2405			514	7875	0	37386	89.8%	93.1%
Skilled Under 22				0 0.0%	6 0	0	0	0	0	0.0%	0.0%
Intermediate DD				0.0%	6 0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	494	0 12.1%	2405	7 63.49	% 0	514	7875	0	37386	89.8%	93.1%

	NURSING CARE		SKL UNDER 22		INTERMED, DD		SHEL	LTERED		OTAL	GRAND	
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL	
Under 18	0	0	0	0	0	0	0	0	0	0	0	
18 to 44	0	0	0	0	0	0	0	0	0	0	0	
45 to 59	0	2	0	0	0	0	0	0	0	2	2	
60 to 64	1	0	0	0	0	0	0	0	1	0	1	
65 to 74	2	5	0	0	0	0	0	0	2	5	7	
75 to 84	9	19	0	0	0	0	0	0	9	19	28	
85+	10	53	0	0	0	0	0	0	10	53	63	
TOTALS	22	79	0	0	0	0	0	0	22	79	101	

CRYSTAL PINES REHAB & HCC

Medicare

12

0

335 NORTH ILLINOIS AVENUE CRYSTAL LAKE, IL. 60014

Reference Numbers

Facility ID 6002299

Medicaid

58

0

0

LEVEL

ICF/DD

TOTALS

OF CARE

Nursing Care

Skilled Under 22

Sheltered Care

Health Service Area 008 Planning Service Area 111

RESIDENTS	BY	PAYMENT	SOURCE	AND	LEVEL	OF	CA	RE
			Other		F	riva	te	(

Public

0

0

0

0

0

0

0

26

E AND LEVI	EL OF CA	RE		AVERAGE DAILY	PAYMENT	RATES
	Private	Charity		LEVEL OF CARE	SINGLE	DOUBLE
Insurance	Pay	Care	TOTALS	Nursing Care	234	185
5	26	0	101	Skilled Under 22	0	0
. 0	0	0	0	Intermediate DD	0	0
0	0	0	0	Shelter	n	0

0

101

F	RESIDENTS BY RA	CIAL/ETHNIC	ITY GROUP	ING		STAFFING	3
RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals	EMPLOYMENT	FULL-TIME
Asian	0	0	0	0	0	CATEGORY	EQUIVALENT
Amer. Indian	0	0	0	0	0	Administrators	1.00
Black	0	0	. 0	0	0	Physicians	0.00
Hawaiian/Pac. Isl.	0	0	0	0	0	Director of Nursing	1.00
White	101	0	0	0	101	Registered Nurses	18.00
Race Unknown	0	0	0	0	0	LPN's	7.00
Total	101	0	0	0	101	Certified Aides	45.00
			~	· ·	,,,,	Other Health Staff	0.00
ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals	Non-Health Staff	35.00
Hispanic	3	0	0	0	3	Totals	107.00
Non-Hispanic	98	0	0	0	98		
Ethnicity Unknown	0	0	0	0	0		
Total	101	0	0	0	101		

0

ACCORDENCE OF A CONTRACT OF A	SANTON POR SANTON TORON CONTRACTOR OF THE CONTRA	NAMES AND DESCRIPTION OF THE PROPERTY OF THE P	et det en de la communication	NAMES OF THE PROPERTY OF THE P	DE LA COMO MONTO MARTINA DE CARROS DE CONTRARA DE COMO DE CONTRARA DE COMO DE CONTRARA DE COMO	HERMONOMERS TO A STATE OF THE S	BOLE PARTIES AND AND THE STATE PROPERTY OF THE STATE OF T					
	NET REVEN	UE BY PAYOR	SOURCE (Fiscal Yea	ır Data)		Charity	Charity Care					
	The state of the s											
Medicare	Medicald	Other Public	Private Insurance	Private Pay	TOTALS	Expense*	Total Net Revenue					
32.3%	48.7%	0.0%	2.2%	16.8%	100.0%		0.0%					
2,239,901	3,378,933	0	153,920	1,169,108	6,941,862	0						

^{*}Charity Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW

10/28/2010 Change of ownership occurred.



335 Illinois St

Crystal Lake, IL 60014-3618 1.00 miles / 2 minutes

Overal Pires	Ret	de	å	HOC
votes				

Q

Terra Cotta Rd & II Route 176, Crystal Lake, IL 60012

1. Start out going west on IL-176 / E Terra Cotta Ave toward Knaack Blvd. Map

0.9 Mi

0.9 Mi Total

2. Turn right onto Illinois St. Map

0.1 Mi

1.0 Mi Total

3. 335 ILLINOIS ST is on the right. Map



335 Illinois St, Crystal Lake, IL 60014-3618

Total Travel Estimate: 1.00 miles - about 2 minutes

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TELINOIO CONO-TENNI OARE PROFILI	E-CALENDAR IEA	K ZUTU FAIR OAKS HEALTH CAR	ECENIER	UNISIALLANE	Challer Wilhiamania ar armana
FAIR OAKS HEALTH CARE CENTER	and the second s	ADMISSION RESTRICTION	ONS	RESIDENTS BY PRIMARY DIAGN	OSIS
471 W. TERRA COTTA AVENUE		Aggressive/Anti-Social	1	DIAGNOSIS	
CRYSTAL LAKE, IL. 60014		Chronic Alcoholism	0	Neoplasms	4
Reference Numbers Facility ID 600	2976	Developmentally Disabled	0	Endocrine/Metabolic	0
Health Service Area 008 Planning Service Area 111		Drug Addiction	0	Blood Disorders	0
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	6
Joyce Surdick		Medicare Recipient	0	Alzheimer Disease	6
		Mental Illness	0	Mental Iliness	9
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0
JOYCE SURDICK		Non-Mobile	0	Circulatory System	5
815-455-0550	Date	Public Aid Recipient	0	Respiratory System	2
Registered Agent Information	Completed	Under 65 Years Old	0	Digestive System	2
Joyce Surdick	3/7/2011	Unable to Self-Medicate	0	Genitourinary System Disorders	2
471 W. Terra Cotta Ave.		Ventilator Dependent	1	Skin Disorders	1
Crystal Lake, IL 60014		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	3
FACILITY OWNERSHIP		Other Restrictions	0	Injuries and Poisonings	2
NON-PROF CORPORATION		No Restrictions	0	Other Medical Conditions	0
		Note: Reported restictions deno	and by 111	Non-Medical Conditions	0
CONTINUING CARE COMMUNITY	No	Note. Reported restictions deno	neu vy 1	TOTALS	42
LIFE CARE FACILITY No			Total Res	idents Diagnosed as Mentally III	9
			100011100	author and ground and morning m	

	LICENSED		ADMISSIONS AND DISCHARGES - 2010							
		PEAK	PEAK						DISCHARGES - 2010	
I TO TO A DE	LICENSED	BEDS	BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	Residents on 1/1/2010	41
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Total Admissions 2010	74
Nursing Care	46	46	46	46	42	4	40	8	Total Discharges 2010	73
Skilled Under 22	0	0	0	0	0	0		0	Residents on 12/31/2010	42
Intermediate DD	0	0	0	0	- 0	0		0		
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	46	46	46	46	42	4	40	8		

LEVEL OF CARE		care Occ. Pct.	Medi Pat. days	caid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	403€	27.6%	297	0 101.79	6 0	23	7958	200	15187	90.5%	90.5%
Skilled Under 22				0 0.09	6 0	0	0	0	0	0.0%	0.0%
Intermediate DD				0 0.09	6 0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	403	6 27.6%	297	0 101.79	% 0	23	7958	200	15187	90.5%	90.5%

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHEL	LTERED T		OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	5	5	0	0	0	0	0	0	5	5	10
85+	4	19	0	0	0	0	0	0	4	19	23
TOTALS	13	29	0	0	0	0	0	0	13	29	42

FAIR OAKS HEALTH CARE CENTER

471 W. TERRA COTTA AVENUE

CRYSTAL LAKE, IL. 60014

Reference Numbers Facility ID 6002976

Health Service Area 008 Planning Service Area 111

RESIDENTS	BAE	PAYMEN	TSOURCE	AND LEVEL	. OF CARE

AVERAGE DAILY PAYMENT RATES

LEVEL			Other		Private	Charity		LEVEL OF CARE	SINGLE	DOUBLE
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	Nursing Care	247	197
Nursing Care	9	8	0	0	25	0	42	Skilled Under 22	0	0
Skilled Under 22	0	0	0	0	0	0	0	Intermediate DD	0	0
ICF/DD		0	0	0	0	0	0	Shelter	0	0
Sheltered Care			0	0	0	0	0			
TOTALS	9	8	0	0	25	0	42			

RES	SIDENTS BY RA	STAFFING					
RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals	EMPLOYMENT	FULL-TIME
Asian	0	0	0	0	0	CATEGORY	EQUIVALENT
Amer. Indian	0	0	0	0	0	Administrators	1.00
Black	0	0	0	0	0	Physicians	0.00
Hawaiian/Pac. Isl.	0	0	0	0	0	Director of Nursing	1.00
White	42	0	0	0	42	Registered Nurses	6.00
Race Unknown	0	0	0	0	0	LPN's	4.00
Total	42	. 0	0	0	42	Certified Aides	19.00
Total	12	, 0	Ů	Ü	12	Other Health Staff	0.00
ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals	Non-Health Staff	19.00
Hispanic	0	0	0	0	0	Totals	50.00
Non-Hispanic	42	. 0	0	0	42		
Ethnicity Unknown	0	0	0	0	0		
Total	42	0	0	0	42		

	Charity Care	Charity Care Expense as % of					
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense*	Total Net Revenue
50.1%	8.7%	0.0%	0.0%	41.2%	100.0%		1.0%
1,996,730	346,239	0	0	1,640,603	3,983,572	39,437	

^{*}Charity Expense does not include expenses which may be considered a community benefit.



471 W Terra Cotta Ave

Crystal Lake, IL 60014-3434 2.19 miles / 4 minutes

ľ	votes	weeken to the contract of			Carrier and a contract	
	Fair	CoVs	Health	Core	Center	

	2					
The second						



Terra Cotta Rd & II Route 176, Crystal Lake, IL 60012

1. Start out going west on IL-176 / E Terra Cotta Ave toward Knaack Blvd. Map

2.2 Mi

2.2 Mi Total



2. 471 W TERRA COTTA AVE is on the left. Map



471 W Terra Cotta Ave, Crystal Lake, IL 60014-3434

Total Travel Estimate: 2.19 miles - about 4 minutes

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	ESSES - A COLUMN PROCESS CONTRACTOR		namen administration and an administration		Old Carolinia Resolution		
FLORENCE NURSING HOME		ADMISSION RESTRICTION	DNS	RESIDENTS BY PRIMARY DIAGNOSIS			
546 EAST GRANT HIGHWAY		Aggressive/Anti-Social 1		DIAGNOSIS			
MARENGO, IL. 60152		Chronic Alcoholism	0	Neoplasms	3		
Reference Numbers Facility ID 6003	180	Developmentally Disabled	0	Endocrine/Metabolic	4		
Health Service Area 008 Planning Service	ce Area 111	Drug Addiction	1	Blood Disorders	0		
Administrator		Medicald Recipient	0	*Nervous System Non Alzheimer	5		
KATHI MILLER		Medicare Recipient	0	Alzheimer Disease	5		
		Mental Illness	1	Mental Illness	0		
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0		
KATHI MILLER		Non-Mobile	0	Circulatory System	10		
815-568-8322	Date	Public Aid Recipient	0	Respiratory System	8		
Registered Agent Information	Completed	Under 65 Years Old	0.	Digestive System	0		
ABRAHAM STERN	2/28/2011	Unable to Self-Medicate	0	Genitourinary System Disorders	2		
		Ventilator Dependent	1	Skin Disorders	0		
Chicago, IL 60645		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	10		
FACILITY OWNERSHIP		Other Restrictions	0	Injuries and Poisonings	2		
FOR-PROF CORPORATION		No Restrictions	0	Other Medical Conditions	0		
		Mata: Domantad varticitions dans	tad by 'I'	Non-Medical Conditions	0		
CONTINUING CARE COMMUNITY	No	Note: Reported restictions deno	ieu by 1	TOTALS	49		
LIFE CARE FACILITY	No		Total Res	0			

	LICENSED	BEDS, BE	ADMISSIONS AND DISCHARGES - 2010							
		PEAK								
	LICENSED	BEDS	BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	Residents on 1/1/2010	46
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Total Admissions 2010	101
Nursing Care	52	52	50	52	49	3	27	34	Total Discharges 2010	98
Skilled Under 22	0	0	0	0	0	0		0	Residents on 12/31/2010	4 9
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	52	52	50	52	49	3	27	34		

						Private	Private	Charity		Licensed	Peak Beds
	Medi	care	Medi	caid	Other Public	Insurance	Pay	Care	TOTAL	Beds	Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3456	35.1%	304	1 24.5%	6 0	0	10704	0	17201	90.6%	90.6%
Skilled Under 22				0 0.0%	6 0	0	0	0	0	0.0%	0.0%
Intermediate DD				0 0.0%	6 0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	345	6 35.1%	304	1 24.59	% 0	0	10704	0	17201	90.6%	90.6%

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHEL	TERED	TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	0	0	0	0	0	0	0	. 0	0	0
65 to 74	2	1	0	0	0	0	0	0	2	1	3
75 to 84	6	5	0	0	0	0	0	0	6	5	11
85+	10	23	0	0	0	0	0	0	10	23	33
TOTALS	19	30	0	0	0	0	0	0	19	30	49

FLORENCE NURSING HOME

546 EAST GRANT HIGHWAY

MARENGO, IL. 60152

Reference Numbers Facility ID 6003180

Health Service Area 008 Planning Service Area 111

RES	IDENTS B	Y PAYMENT	SOURC	E AND LE	VEL OF	CARE	•			AVERAGE	DAILY PA	YMENI	RAILS	
LEVEL			Other		Priva	ite (Charity			LEVEL OF CA	RE S	INGLE	DOUBLE	
OF CARE	Medicare	Medicaid	Public	Insurano	e Pay	y	Care	TOTA	LS	Nursing Care		199	190	
Nursing Care	12	9	0	0	2	8	0	4	9	Skilled Under	22	0	0	
Skilled Under 22	0	0	0	0		0	0		0	Intermediate	DD	0	0	
CF/DD		0	0	0		0	0		0	Shelter		0	0	
Sheltered Care			0	0		0	0		0					
TOTALS	12	9	0	0	28	3	0	4	9					
-constantion and a second seco	RESIDEN	ITS BY RAC	AL/ETH	NICITY GI	ROUPING	3	# CONTRACTOR OF THE PROPERTY OF				STAFFIN	3	The Board of Control o	
RACE		Nursing	SklUnd	22 ICF	/DD	Shelte	er T	otals		EMPLOYMENT		FULL-TIME		
Asian		0	()	0	0		0		CATEGO	RY	EQUIVALENT		
Amer. Indian		0	(0	0	0)	0		Administrators	Administrators			
Black		0	()	0	0	1	0		Physicians	Physicians		0.00	
Hawaiian/Pac. Isi.		0	()	0	0		0		Director of Nursing			1.00	
White		49	()	0	0	1	49		Registered Nu	Registered Nurses		4.00	
Race Unknown		0	(0	0	0	•	0		LPN's			4.00	
Total		49)	0	0	***************************************	49		Certified Aides	;	18.00		
										Other Health S	Staff	3.00		
ETHNICITY		Nursing	SkiUnd	22 ICF	/DD	Shelte	er T	otals		Non-Health St	aff		- 11.00	
Hispanic		1	1	0	0	()	1		Totals			42.00	
Non-Hispanic		48	1	0	0	()	48						
Ethnicity Unknown	ì	0	1	0	0	()	0						
Total	na managaman na miradikakat da dabah miradik	49	C)	0	0		49						
	12/22/11/12/20/20/20/20/20/20/20/20/20/20/20/20/20	NET REVE	NUE BY	PAYOR S	OURCE	(Fisca	l Year I	Data)	a in a detail i percontinuon o	ete in the Company of	Charity		Charity Care	
											Care		ense as % of	
Medicare	t	Medicaid	Other		Private Ir			Private	•	TOTALS	Expense*	To	al Net Revenu	
45.6%		10.6%		0.0%		0.0)%	2	13.8%	8% 100.0%		0.0%		
1,655,067		383,629		0			0	1,588	3,344	3,627,040	3,627,040 0			



546 E Grant Hwy Marengo, IL 60152-3346

17.22 miles / 25 minutes



Florence Nursing Home



Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012

	1. Start out going west on IL-176 / E Terra Cotta Ave toward Knaack Blvd. Continue to follow IL-176. Map	6.5 Mi 6.5 M i Total
P	2. Turn right onto IL-47 / IL-176. Map	0.8 Mi 7.4 Mi Total
4	3. Take the 2nd left onto IL-176. Map	9.0 Mi 16.4 Mi Total
4	4. Turn left onto N State St / IL-23. Map	0.5 Mi 16.9 Mi Total
41	5. Turn left onto E Grant Hwy / US-20 / Ulysses S Grant Memorial Hwy. Map	0.4 Mi 17.2 Mi Total

6. 546 E GRANT HWY is on the left. Map



546 E Grant Hwy, Marengo, IL 60152-3346

Total Travel Estimate: 17.22 miles - about 25 minutes

		(LOID CONTINUAL ON TOTAL	- Nepf-14 1 Nas		rhandramental bases on the con-
FOUNTAINS AT CRYSTAL LAKE		ADMISSION RESTRICTION	NS	RESIDENTS BY PRIMARY DIAGN	OSIS
1000 EAST BRIGHTON LANE		Aggressive/Anti-Social	1	DIAGNOSIS	
CRYSTAL LAKE, IL. 60012		Chronic Alcoholism	0	Neoplasms	2
Reference Numbers Facility ID 601	1803	Developmentally Disabled	1	Endocrine/Metabolic	0
Health Service Area 008 Planning Sen	vice Area 111	Drug Addiction	1	Blood Disorders	0
Administrator		Medicaid Recipient	1	*Nervous System Non Alzheimer	2
Stephanie Dimitrenko		Medicare Recipient	0	Alzheimer Disease	0
		Mental illness		Mental Iliness	0
Contact Person and Telephone STEPHANIE DIMITRENKO		Non-Ambulatory	0	Developmental Disability	0
		Non-Mobile	0	Circulatory System	16
815-477-6400	Date	Public Aid Recipient	0	Respiratory System	5
Registered Agent Information	Completed	Under 65 Years Old	0	Digestive System	5
	2/15/2011	Unable to Self-Medicate	0	Genitourinary System Disorders	4
		Ventilator Dependent	1	Skin Disorders	1
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	26
FACILITY OWNERSHIP		Other Restrictions	0	Injuries and Poisonings	0
LIMITED LIABILITY CO		No Restrictions	0	Other Medical Conditions	4
	· ·	Note: Reported restictions deno	tad by III	Non-Medical Conditions	0
CONTINUING CARE COMMUNITY	Yes	Note. Reported restictions tieno	ieu vy i	TOTALS	65
LIFE CARE FACILITY	No		Total Res	0	

	LICENSED	BEDS, BEI	os in us		ADMISSIONS AND DISCHARGES - 2010					
		PEAK	PEAK						DISCHARGES - 2010	
LEVEL OF CARE	LICENSED BEDS	BEDS SET-UP	BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010 Total Admissions 2010	60 704
Nursing Care	97	97	86	97	65	32	97	0	Total Discharges 2010	699
Skilled Under 22	0	0	0	0	0	0		0	Residents on 12/31/2010	65
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	97	97	86	97	65	32	97	0		

						Private	Private	Charity		Licensed	Peak Beds
	Med	care	Med	icaid	Other Public	Insurance	Pay	Care	TOTAL	Beds	Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	14073	39.7%		0 0.0	% 0	4641	8577	0	27291	77.1%	77.1%
Skilled Under 22				0.0	% 0	0	0	0	0	0.0%	0.0%
Intermediate DD				0.0	% 0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1407	3 39.7%		0 0.0)% 0	4641	8577	0	27291	77.1%	77.1%

	NURSIN	IG CARE	SKLU	NDER 22	INTER	RMED. DD	SHE	TERED	T	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	. 0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	7	5	0	0	0	0	0	0	7	5	12
75 to 84	7	16	0	0	0	0	0	0	7	16	23
85+	13	15	0	0	0	0	0	0	13	15	28
TOTALS	27	38	0	0	0	0	0	0	27	38	65

FOUNTAINS AT CRYSTAL LAKE

1000 EAST BRIGHTON LANE

CRYSTAL LAKE, IL. 60012

Reference Numbers Facility ID 6011803

RES	IDENTS B	Y PAYMENT	SOURC	FANDIF	VEL OF C	ARE			AVERAGE	DAILY PAY	MENT	RATES
LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Privat		•	ALS	LEVEL OF CAI		IGLE 269	DOUBLE 210
Nursing Care	39	0	0	4	22		0	65	Skilled Under	22	0	0
Skilled Under 22	0	0	0	0	0		0	0	Intermediate I	DD	0	0
CF/DD		0	0	0	0		0	0	Shelter		0	0
Sheltered Care			0	0	0	+	0	0				
TOTALS	39	0	0	4	22	C)	65				
	RESIDEN	ITS BY RAC	IAL/ETH	NICITY G	ROUPING	er Danner der Großen und der			THE PROPERTY OF THE PROPERTY O	STAFFING	2006-04-9128016-9409	ol ica nia il podici i a programmento mengenta in presidente del conse
RACE		Nursing	SklUnd	22 ICF	DD S	helter	Totals		EMPLOYME		FULL-TIME	
Asian		0	(0	0	0	0	- Contract	CATEGO	RΥ	EQI	JIVALENT
Amer. Indian		0	(0	0	0	0		Administrators			1.00
Black		0	(0	0	0	0		Physicians			0.00
Hawaiian/Pac. Isl.	i	0	(0	0	0	0		Director of Nursing			1.00
White		65	(0	0	0	65		Registered Nu	rses	13.00	
Race Unknown		0	(0	0	0	0		LPN's		6.00	
Total		65)	0	0	65		Certified Aides	i	24.0	
									Other Health S	Staff		5.00
ETHNICITY		Nursing	SklUnd	22 ICF	DD S	helter	Totals	ales.	Non-Health St	aff		26.00
Hispanic		0		0	0	0	0		Totals			76.00
Non-Hispanic		65	1	0	0	0	65					
Ethnicity Unknown	1	. 0		0	0	0	0					
Total		65	C)	0	0	65			enterview and resident states of the states	nuinturettiet.	
and stronger from the harmonic from the stronger	KONADRILISSINKKI POLITIKKI KAR	NET REVE	NUE BY	PAYOR S	OURCE (F	iscal Ye	ar Data)	######################################	оси, за въедения между на можения на примеро на примеро на примеро на примеро на примеро на примеро на примеро Примеро на примеро н	Charity Care		Charity Care ense as % of
Medicare	ľ	Medicaid	Other	Public	Private Ins	urance	Privat	te Pay	TOTALS	Expense*	Tota	al Net Revenu
77.2%		0.0%	ı	0.0%		3.4%		19.4%	100.0%			0.0%
6,733,603		0		0	25	97,189	1,68	89,722	8,720,514	C)	

*Charity Expense does not include expenses which may be considered a community benefit.



1000 E Brighton Ln

Crystal Lake, IL 60012-2074 2.00 miles / 3 minutes

MOIG2		ar ar an ar an ar a san ar a san ar an	
Fantains	ak	Crystal	Lake

Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012

1. Start out going east on IL-176 / ETerra Cotta Ave toward Mistwood Ln. Map

0.5 Mi

0.5 Mi Total

4 (a)

2. Turn left onto IL-31. Map

1.3 Mi

1.8 Mi Total

*

3. Turn right onto E Brighton Ln. Map

0.2 Mi

2.0 Mi Total

4. 1000 E BRIGHTON LN is on the left. Map



1000 E Brighton Ln, Crystal Lake, IL 60012-2074

Total Travel Estimate: 2.00 miles - about 3 minutes

FRIENDSHIP VILLAGE SCHAUMBURG		ADMISSION RESTRICTIO	NS	RESIDENTS BY PRIMARY DIAGN	IOSIS
350 WEST SCHAUMBURG ROAD		Aggressive/Anti-Social	1	DIAGNOSIS	
SCHAUMBURG, IL. 60194		Chronic Alcoholism	0	Neoplasms	6
Reference Numbers Facility ID 6003	3404	Developmentally Disabled	1	Endocrine/Metabolic	8
Health Service Area 007 Planning Serv	rice Area 701	Drug Addiction	1	Blood Disorders	3
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	2
Judy Pitzele		Medicare Recipient	0	Alzheimer Disease	25
•		Mental Illness	0	Mental Illness	0
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0
Jeff Nyberg		Non-Mobile	0	Circulatory System	39
847-884-5561	Date	Public Aid Recipient	0	Respiratory System	30
Registered Agent Information	Completed	Under 65 Years Old	0	Digestive System	17
Steve Yenchek	2/28/2011	Unable to Self-Medicate	0	Genitourinary System Disorders	16
350 West Schaumburg Road		Ventilator Dependent	1	Skin Disorders	11
Schaumburg, IL 60194		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	8
FACILITY OWNERSHIP		Other Restrictions	0	Injuries and Poisonings	39
NON-PROF CORPORATION		No Restrictions	0	Other Medical Conditions	28
		Note: Deposited mentiotians days	tod by 111	Non-Medical Conditions	0
CONTINUING CARE COMMUNITY Yes	Note: Reported restictions deno	neu vy 1	TOTALS	232	
LIFE CARE FACILITY	Yes		Total Res	sidents Diagnosed as Mentally III	0

	LICENSED	BEDS, BE	OS IN US	E, MEDICA	RE/MEDI	CAID CERTIFIE	D BEDS		ADMISSIONS AND DISCHARGES - 2010	i	
		PEAK	PEAK								
	LICENSED	BEDS	BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	Residents on 1/1/2010	214	
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Total Admissions 2010	549	
Nursing Care	250	250	240	250	232	18	250	190	Total Discharges 2010	531	
Skilled Under 22	0	0	0	0	0	0		0	Residents on 12/31/2010	232	
Intermediate DD	0	0	0	0	0	0		0			
Sheltered Care	0	Ô	0	0	0	0			Identified Offenders	0	
TOTAL BEDS	250	250	240	250	232	18	250	190			

	Medi	icare	Medi	cald	Other Public	Private Insurance	Private Pav	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	,			Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	15623	3 17.1%	2428	9 35.0%	6 0	0	42434	5254	87600	96.0%	96.0%
Skilled Under 22				0 0.0%	6 0	0	0	0	0	0.0%	0.0%
Intermediate DD				0.09	6 0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1562	3 17.1%				0	42434	5254	87600	96.0%	96.0%

	NURSIN	IG CARE	SKL U	NDER 22	INTER	RMED. DD	SHE	TERED	T	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0 -	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	8	0	0	0	0	0	0	0	8	8
75 to 84	16	42	0	0	0	0	0	0	16	42	58
85+	34	132	0	0	0	0	0	0	34	132	166
TOTALS	50	182	0	0	0	0	0	0	50	182	232

FRIENDSHIP VILLAGE SCHAUMBURG

350 WEST SCHAUMBURG ROAD

SCHAUMBURG, IL. 60194

Reference Numbers Facility ID 6003404

Health Service Area 007 Planning Service Area 701

RE	SIDENTS B	Y PAYMENT		AVERAGE DAILY PAYMENT RATES						
LEVEL			Other		Private	Charity		LEVEL OF CARE	SINGLE	DOUBLE
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	Nursing Care	341	283
Nursing Care	48	65	0	0	119	0	232	Skilled Under 22	0	0
Skilled Under 22	0	0	0	0	0	0	0	Intermediate DD	0	0
ICF/DD		0	0	0	0	0	0	Shelter	0	0
Sheltered Care			0	0	0	0	0			
TOTALS	48	65	0	0	119	0	232			

RES	IDENTS BY RA	CIAL/ETHNIC		STAFFING			
RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals	EMPLOYMENT	FULL-TIME
Asian	0	0	0	0	0	CATEGORY	EQUIVALENT
Amer. Indian	0	0	0	0	0	Administrators	1.00
Black	0	0	0	0	0	Physicians	0.00
Hawaiian/Pac. Isl.	0	0	0	0	0	Director of Nursing	1.00
White	232	0	0	0	232	Registered Nurses	32.80
Race Unknown	0	0	0	0	0	LPN's	11.80
Total	232	0	0	0	232	Certified Aides	96.20
1000	ALL CO ALL	Ü	ŭ	Ū	202	Other Health Staff	11.70
ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals	Non-Health Staff	13.80
Hispanic	0	0	0	0	0	Totals	168.30
Non-Hispanic	232	0	0	0	232		
Ethnicity Unknown	0	0	0	0	0		
Total	232	0	0	0	232		

	NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)											
	(1 1 1 1 2 1 2 1 1 1 1 1 1 1 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2											
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense*	Total Net Revenue					
22.5%	28.9%	0.0%	0.0%	48.6%	100.0%		2.5%					
4,850,370	6,235,407	0	0	10,469,423	21,555,200	538,672						

^{*}Charity Expense does not include expenses which may be considered a community benefit.



350 W Schaumburg Rd

Schaumburg, IL 60194-3464 23.11 miles / 36 minutes

Friendship Village Schoumburg



Terra Cotta Rd & II Route 176, Crystal Lake, IL 60012

1. Start out going east on IL-176 / E Terra Cotta Ave toward Mistwood Ln. Map 0.5 Mi

0.5 Mi Total

2. Turn right onto IL-31 S. Map

5.8 Mi

6.3 Mi Total

3. Turn left onto Algonquin Rd / IL-62. Map

12.9 Mi

19.1 Mi Total

4. Turn right onto N Roselle Rd. Map

3.6 Mi

22.7 Mi Total

5. Turn right onto W Schaumburg Rd. Map

0.4 Mi

23.1 Mi Total

6. 350 W SCHAUMBURG RD is on the right. Map



350 W Schaumburg Rd, Schaumburg, IL 60194-3464

Total Travel Estimate: 23.11 miles - about 36 minutes

HEARTHSTONE MANOR		ADMISSION RESTRICTION	NS	RESIDENTS BY PRIMARY DIAGN	OSIS
920 NORTH SEMINARY AVENUE		Aggressive/Anti-Social	0	DIAGNOSIS	
WOODSTOCK, IL. 60098			1	Neoplasms	0
Reference Numbers Facility ID 60	09310	Developmentally Disabled	1	Endocrine/Metabolic	6
Health Service Area 008 Planning Se	h Service Area 008 Planning Service Area 111		1	Blood Disorders	0
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	2
Richard A. Curtis		Medicare Recipient	0	Alzheimer Disease	16
		Mental Illness	0	Mental Iliness	33
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0
RICHARD A. CURTIS		Non-Mobile	0	Circulatory System	19
815-338-1749	Date	Public Aid Recipient	0	Respiratory System	5
Registered Agent Information	Completed	Under 65 Years Old	0	Digestive System	3
Terrance P Egan	2/28/2011	Unable to Self-Medicate	0	Genitourinary System Disorders	2
920 N Seminary Avenue		Ventilator Dependent	1	Skin Disorders	1
Woodstock, IL 60098		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	7
FACILITY OWNERSHIP		Other Restrictions	0	Injuries and Poisonings	2
NON-PROF CORPORATION		No Restrictions	0	Other Medical Conditions	2
	.,	Note: Reported restictions deno	tad by !!!	Non-Medical Conditions	0
CONTINUING CARE COMMUNITY	Yes	Note. Reported restictions deno	иен оу 1	TOTALS	98
LIFE CARE FACILITY			Total Res	idents Diagnosed as Mentally III	44

	LICENSED	BEDS, BE	ADMISSIONS AND DISCHARGES - 2010							
		PEAK	PEAK		DISCHARGES - 2010					
	LICENSED	BEDS	BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	Residents on 1/1/2010	101
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Total Admissions 2010	175
Nursing Care	75	71	66	71	55	20	29	32	Total Discharges 2010	178
Skilled Under 22	0	0	0	0	0	0		0	Residents on 12/31/2010	98
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	63	52	49	52	43	20			Identified Offenders	0
TOTAL BEDS	138	123	115	123	98	40	29	32		

LEVEL OF CARE	Medi Pat. days		Medi Pat. days	icaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3812	36.0%	708	9 60.7%	0	16	10044	0	20961	76.6%	80.9%
Skilled Under 22				0.0%	. 0	0	0	0	0	0.0%	0.0%
Intermediate DD				0 0.0%	. 0	0	0	0	0	0.0%	0.0%
Sheltered Care					2828	0	12993	365	16186	70.4%	85.3%
TOTALS	381	2 36.0%	708	9 60.79	6 2828	16	23037	365	37147	73.7%	82.7%

	NURSIN	IG CARE	SKL U	NDER 22	INTER	RMED. DD	SHE	TERED	, T	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	1	0	1	1
65 to 74	1	0	0	. 0	0	0	0	1	1	1	2
75 to 84	3	10	0	0	0	0	0	5	3	15	18
85+	4	37	0	0	0	0	1	35	5	72	77
TOTALS	8	47	0	0	0	0	1	42	9	89	98

HEARTHSTONE MANOR

920 NORTH SEMINARY AVENUE

WOODSTOCK, IL. 60098

Reference Numbers Facility ID 6009310

Health Service Area 008 Planning Service Area 111

rieatth Service Ar		lanning Sen								
RE	SIDENTS B	Y PAYMENT	rsourc	E AND LEV	EL OF CA	RE		AVERAGE DAIL	Y PAYMENT	RATES
LEVEL			Other		Private	Charity		LEVEL OF CARE	SINGLE	DOUBLE
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	Nursing Care	247	197
Nursing Care	9	19	0	0	27	0	55	Skilled Under 22	0	0
Skilled Under 22	0	0	0	0	0	0	0	Intermediate DD	0	0
ICF/DD		0	0	0	0	0	0	Shelter	131	0
Sheltered Care			7	0	36	0	43			
TOTALS	9	19	7	0	63	0	98	2		
	RESIDEN	ITS BY RAC	IAL/ETH	NICITY GRO	UPING		A PRODUCTOR OF THE PROPERTY OF	STA	FFING	COMPLY OF THE PROPERTY OF THE
RACE		Nursing	SklUnd	22 ICF/DI	D She	lter T	otals	EMPLOYMENT	Fl	JLL-TIME
Asian		0	() ()	0	0	CATEGORY	EQ	UIVALENT
Amer, Indian		0	() ()	0	0	Administrators		1.00
Black		n	(٦ ،	3	0	Λ	Physicians		0.00

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals	EMPLOYMENT	FULL-TIME
Asian	0	0	0	0	0	CATEGORY	EQUIVALENT
Amer. Indian	0	0	0	0	0	Administrators	1.00
Black	0	0	0	0	0	Physicians	0.00
Hawaiian/Pac. Isl.	. 0	0	0	0	0	Director of Nursing	1.00
White	55	0	0	43	98	Registered Nurses	8.59
Race Unknown	Q	0	0	0	0	LPN's	9.22
Total	55	0	0	43	98	Certified Aides	41.95
						Other Health Staff	23.34
ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals	Non-Health Staff	16.71
Hispanic	0	0	0	0	0	Totals	101.81
Non-Hispanic	55	0	0	43	98		
Ethnicity Unknown	0	0	0	0	0		
Total	55	0	0 .	43	98		

	NET REVEN	Charity	Charity Care				
			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Care	Expense as % of
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense*	Total Net Revenue
19.2%	14.7%	0.0%	0.0%	66.0%	100.0%		0.7%
1,316,160	1,008,420	0	0	4,519,001	6,843,581	44,767	

^{*}Charity Expense does not include expenses which may be considered a community benefit.



920 N Seminary Ave

Woodstock, IL 60098-2996 10.61 miles / 18 minutes

lotes	
Hearthstore	Manor

1

Terra Cotta Rd & II Route 176, Crystal Lake, IL 60012

1. Start out going west on IL-176 / E Terra Cotta Ave toward Knaack Blvd. Map

2.5 Mi

2.5 Mi Total

P WEST

2. Turn right onto US-14 W. Map

5.8 Mi

8.3 Mi Total

P (47

3. Turn slight right onto S Eastwood Dr / IL-47. Continue to follow IL-47. Map

2.3 Mi

10.6 Mi Total

4. 920 N SEMINARY AVE is on the right. Map



920 N Seminary Ave, Woodstock, IL 60098-2996

Total Travel Estimate: 10.61 miles - about 18 minutes

HERITAGE MANOR ELGIN LLC		ADMISSION RESTRICTIO	NS	RESIDENTS BY PRIMARY DIAGNOSIS		
355 RAYMOND STREET		Aggressive/Anti-Social	1	DIAGNOSIS		
ELGIN, IL. 60120		Chronic Alcoholism	1	Neoplasms	0	
Reference Numbers Facility ID 6006	902	Developmentally Disabled	1	Endocrine/Metabolic	5	
Health Service Area 008 Planning Serv	ice Area 089	Drug Addiction	1	Blood Disorders	4	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	3	
LINDA S. HARTMANN		Medicare Recipient	0	Alzheimer Disease	0	
		Mental Illness	1	Mental Illness	0	
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0	
LINDA S. HARTMANN		Non-Mobile	0	Circulatory System	37	
847-697-6636	Date	Public Aid Recipient	0	Respiratory System	6	
Registered Agent Information	Completed	Under 65 Years Old	0	Digestive System	3	
	2/18/2011	Unable to Self-Medicate	0	Genitourinary System Disorders	11	
		Ventilator Dependent	1	Skin Disorders	1	
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	5	
FACILITY OWNERSHIP		Other Restrictions	0	Injuries and Poisonings	0	
LIMITED LIABILITY CO		No Restrictions	0	Other Medical Conditions	4	
		Note: Reported restictions denot	ted by 'I'	Non-Medical Conditions	0	
CONTINUING CARE COMMUNITY	No	Hote. Reported restletions denot	icu oy 1	TOTALS	79	
LIFE CARE FACILITY	No		Total Resi	dents Diagnosed as Mentally III	0	

	LICENSED	BEDS, BE	DS IN US	E, MEDICA	RE/MEDIC	CAID CERTIFIE	D BEDS		ADMISSIONS AND DISCHARGES - 2010	
		PEAK	PEAK						DISCHARGES - 2010	
	LICENSED	BEDS	BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	Residents on 1/1/2010	79
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Total Admissions 2010	68
Nursing Care	94	94	83	94	79	15	94	94	Total Discharges 2010	68
Skilled Under 22	0	0	0	0	0	0		0	Residents on 12/31/2010	79
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	94	94	83	94	79	15	94	94		

						Private	Private	Charity		Licensed	Peak Beds
	Medi	care	Medi	cald	Other Public	Insurance	Pay	Care	TOTAL	Beds	Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4157	12.1%	2013	7 58.79	6 0	0	3093	0	27387	79.8%	79.8%
Skilled Under 22				0.09	6 0	0	0	0	0	0.0%	0.0%
Intermediate DD				0 0.0%	6 0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	415	7 12.1%	2013	7 58.79	% 0	0	3093	0	27387	79.8%	79.8%

	NURSIN	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL	
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	6	22	0	0	0	0	0	0	6	22	28
85+	9	37	0	0	0	0	0	0	9	37	46
TOTALS	17	62	0	0	0	0	0	0	17	62	79

HERITAGE MANOR ELGIN LLC

355 RAYMOND STREET

ELGIN, IL. 60120

Reference Numbers Facility ID 6006902

Health Service Area 008 Planning Service Area 089

RE	SIDENTS B	Y PAYMENT	SOURC	E AND LEV	EL OF CA	RE		AVERAGE DAILY	AVERAGE DAILY PAYMENT RATE		
LEVEL			Other		Private	Charity		LEVEL OF CARE	SINGLE	DOUBLE	
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	Nursing Care	0	170	
Nursing Care	15	56	0	0	8	0	79	Skilled Under 22	0	0	
Skilled Under 22	. 0	0	0	0	0	0	0	Intermediate DD	0	0	
ICF/DD		0	0	0	0	0	0,	Shelter	0	0	
Sheltered Care			0	0	0	0	0				
TOTALS	15	56	0	0	8	0	79				
CONTRACTOR	THE REAL PROPERTY OF THE PROPE	and the state of t	epaten et matematicalistes	Carrier Control of the Control of the Control	CONCERNION AND AND ADDRESS OF THE PARTY OF T	CARROLLE STREET, SPACE STREET, SECOND	estados dos tracaciones de la companya de la compa	TO SHIP SHEET WHILE AND AND THE SHEET SHEE	Manufacture and a second secon	THE REPORT OF THE PARTY OF THE	

RES	IDENTS BY RA	CIAL/ETHNIC	ITY GROUP		STAFFING				
RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals	EMPLOYMENT	FULL-TIME		
Asian	3	0	0	0	3	CATEGORY	EQUIVALENT		
Amer. Indian	0	0	0	0	0	Administrators	1.00		
Black	2	0	0	0	2	Physicians	0.00		
Hawaiian/Pac. Isl.	0	0	0	0	0	Director of Nursing	1.00		
White	74	0	0	0	74	Registered Nurses	16.00		
Race Unknown	0	0	0	0	0	LPN's	4.00		
Total	79	0	0	0	79	Certified Aides	36.00		
	, ,	Ť	·	Ü	. •	Other Health Staff	18.00		
ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals	Non-Health Staff	11.00		
Hispanic	3	0	0	0	3	Totals	87.00		
Non-Hispanic	76	0	0	0	76				
Ethnicity Unknown	0	0	0	0	0				
Total	79	0	0	0	79				

	NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)										
			(Care	Expense as % of				
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense*	Total Net Revenue				
41.2%	46.5%	0.0%	0.0%	12.4%	100.0%		0.0%				
2,282,041	2,574,723	0	0	685,926	5,542,691	0					

^{*}Charity Expense does not include expenses which may be considered a community benefit.



355 Raymond St

Elgin, IL 60120-7875 16.95 miles / 31 minutes Notes

Hentage Monor-Elgin



Terra Cotta Rd & II Route 176, Crystal Lake, IL 60012

1. Start out going east on IL-176 / E Terra Cotta Ave toward Mistwood Ln. Map

0.5 Mi

0.5 Mi Total

• Sonit

2. Turn right onto IL-31 S. Map

15.9 Mi

16.4 Mi Total

4-1

3. Turn left onto National St. Map

0.4 Mi

16.8 Mi Total

4. Turn right onto Raymond St. Map

5. 355 RAYMOND ST is on the left. Map

0.1 Mi

17.0 Mi Total

355 Raymond St, Elgin, IL 60120-7875

Total Travel Estimate: 16.95 miles - about 31 minutes

	- Orteniorat rera				INDOOR SWANNING CO.
LEXINGTON OF LAKE ZURICH		ADMISSION RESTRICTION	NS	RESIDENTS BY PRIMARY DIAGN	IOSIS
900 SOUTH RAND ROAD		Aggressive/Anti-Social	1	DIAGNOSIS	
LAKE ZURICH, IL. 60047		Chronic Alcoholism	1	Neoplasms	2
Reference Numbers Facility ID 601	Developmentally Disabled	1	Endocrine/Metabolic	4	
Health Service Area 008 Planning Ser	Health Service Area 008 Planning Service Area 097		1	Blood Disorders	1
Administrator		Drug Addiction Medicaid Recipient	0	*Nervous System Non Alzheimer	9
Todd Tedrow		Medicare Recipient	0	Alzheimer Disease	17
		Mental Iliness		Mental Iliness	4
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0
Bridgett Rummel		Non-Mobile	0	Circulatory System	45
630-458-4635	Date	Public Aid Recipient	0	Respiratory System	12
Registered Agent Information	Completed	Under 65 Years Old	0	Digestive System	0
0	2/17/2011	Unable to Self-Medicate	0	Genitourinary System Disorders	3
		Ventilator Dependent	1	Skin Disorders	0
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	6
FACILITY OWNERSHIP		Other Restrictions	0	Injuries and Poisonings	1
FOR-PROF CORPORATION		No Restrictions	0	Other Medical Conditions	78
		No. 1	4- J.L., 171	Non-Medical Conditions	0
CONTINUING CARE COMMUNITY	No	Note: Reported restictions deno	iea vy T	TOTALS	182
LIFE CARE FACILITY No		,	Total Residents Diagnosed as Mentally III		

	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS												
		PEAK	PEAK						DISCHARGES - 2010	•			
	LICENSED	BEDS	BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	Residents on 1/1/2010	184			
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Total Admissions 2010	451			
Nursing Care	203	203	198	203	182	21	203	203	Total Discharges 2010	453			
Skilled Under 22	0	0	0	0	0	0		0	Residents on 12/31/2010	182			
Intermediate DD	0	0	0	0	0	0		0					
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0			
TOTAL BEDS	203	203	198	203	182	21	203	203					

						Private	Private	Charity		Licensed	Peak Beds
	Medi	care	Medi	caid	Other Public	Insurance	Pay	Care	TOTAL	Beds	Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	9745	13.2%	5353	0 72.29	6 0	1561	4469	0	69305	93.5%	93.5%
Skilled Under 22				0.09	6 0	0	0	0	0	0.0%	0.0%
Intermediate DD				0.09	6 0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	974	5 13.2%	53530	0 72.2	% 0	1561	4469	0	69305	93.5%	93.5%

	NURSIN	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL	
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	2	0	0	0	0	0	0	0	2	2
45 to 59	1	7	0	0	0	0	0	0	1	7	8
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	9	14	0	0	0	0	0	0	9	14	23
75 to 84	14	40	0	0	0	0	0	0	14	40	54
85+	16	76	0	0	0	0	0	0	16	76	92
TOTALS	41	141	0	0	0	0	0	0	41	141	182

LEXINGTON OF LAKE ZURICH

900 SOUTH RAND ROAD

LAKE ZURICH, IL. 60047

TOTALS

Reference Numbers Facility ID 6014138

Health Service Area 008 Planning Service Area 097

41

127

0

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE											
LEVEL			Other		Private	Charity		L			
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS				
Nursing Care	41	127	0	5	9	0	182	;			
Skilled Under 22	0	0	0	0	0	0	0	1			
ICF/DD		0	. 0	0	0	0	0	;			
Sheltered Care			0	0	0	0	0				

5

AVERAGE DAILY	PAYMENT	RATES
LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	286	193
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

F	RESIDENTS BY RA	CIAL/ETHNIC	ITY GROUP	ING		STAFFING			
RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals	EMPLOYMENT	FULL-TIME		
Asian	1	0	0	0	1	CATEGORY	EQUIVALENT		
Amer. Indian	0	0	0	0	0	Administrators	1.00		
Black	3	0	0	0	3	Physicians	0.00		
Hawaiian/Pac. Isl.	0	0	0	0	0	Director of Nursing	1.00		
White	178	0	0	0	178	Registered Nurses	19.00		
Race Unknown	0	0	0	0	0	LPN's	12.00		
Total	182	0	0	0	182	Certified Aides	65.00		
		ū	Ŭ	ŭ		Other Health Staff	6.00		
ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals	Non-Health Staff	62.00		
Hispanic	7	0	0	0	7	Totals	166.00		
Non-Hispanic	175	0	0	0	175				
Ethnicity Unknown	0	0	0	0	0				
Total	182	0	0	0	182				

0

9

182

Anna Colon Management of the Colon C	NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)											
	Care	Expense as % of										
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense*	Total Net Revenue					
36.7%	50.4%	0.0%	4.4%	8.6%	100.0%		0.0%					
4,809,530	6,610,959	0	572,863	1,126,829	13,120,181	0						

^{*}Charity Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Bed Change

12/21/2010 Added 5 Nursing Care beds; facility now has 203 Nursing Care beds.



RAMP

900 S Rand Rd

Lake Zurich, IL 60047 13.85 miles / 23 minutes

Loungton of Lake Zurich

Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012

0.5 Mi 1. Start out going east on IL-176 / E Terra Cotta Ave toward Mistwood Ln. Map

0.5 Mi Total

1.4 Mi 2. Turn right onto IL-31 S. Map 1.9 Mi Total

0.2 Mi

3. Take the US-14 ramp. Map 2.1 Mi Total

4.8 Mi 4. Turn left onto US-14 / Northwest Hwy. Continue to follow US-14. Map

6.9 Mi Total

5.3 Mi 5. Turn left onto IL-22. Map 12.2 Mi Total

> 1.5 Mi 6. Turn right onto S Rand Rd / US-12 E. Map 13.7 Mi Total

0.1 Mi

7. Make a U-turn onto S Rand Rd / US-12 W. Map 13.8 Mi Total

8. 900 S RAND RD. Map

900 S Rand Rd, Lake Zurich, IL 60047

Total Travel Estimate: 13.85 miles - about 23 minutes

LEXINGTON OF SCHAUMBURG	tresser er er sterre til sen sterr	ADMISSION RESTRICTIO	NS	RESIDENTS BY PRIMARY DIAGN	IOSIS
675 SOUTH ROSELLE ROAD		Aggressive/Anti-Social	1	DIAGNOSIS	
SCHAUMBURG, IL. 60193		Chronic Alcoholism	1	Neoplasms	0
Reference Numbers Facility ID 60	12553	Developmentally Disabled	1	Endocrine/Metabolic	7
Health Service Area 007 Planning Se	ervice Area 701	Drug Addiction	1	Blood Disorders	0
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	7
Terri Bowen		Medicare Recipient	0	Alzheimer Disease	4
		Mental Iliness	0	Mental Illness	14
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0
Bridgett Rummel		Non-Mobile	0	Circulatory System	25
630-458-4635	Date	Public Aid Recipient	0	Respiratory System	10
Registered Agent Information	Completed	Under 65 Years Old	0	Digestive System	1
•	2/17/2011	Unable to Self-Medicate	0	Genitourinary System Disorders	2
		Ventilator Dependent	1	Skin Disorders	2
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	23
FACILITY OWNERSHIP		Other Restrictions	0	Injuries and Poisonings	8
FOR-PROF CORPORATION		No Restrictions	0	Other Medical Conditions	91
		Note: Reported restictions deno	tod by 'I'	Non-Medical Conditions	0
CONTINUING CARE COMMUNITY	No	Note. Reported restitutions deno.	иси бу 1	TOTALS	194
LIFE CARE FACILITY	No		Total Res	Idents Diagnosed as Mentally III	14

	ADMISSIONS AND DISCHARGES - 2010									
		PEAK	PEAK						DISCHARGES - 2010	'
LEVEL OF CARE	LICENSED BEDS	BEDS SET-UP	BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010 Total Admissions 2010	194 444
Nursing Care	214	214	201	214	194	20	214	214	Total Discharges 2010	444
Skilled Under 22	0	0	0	0	0	0		0	Residents on 12/31/2010	194
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0			Identified Offenders	2
TOTAL BEDS	214	214	201	214	194	20	214	214		

						Private	Private	Charity		Licensed	Peak Beds
	Medi	icare	Medi	icaid	Other Public	Insurance	Pay	Care	TOTAL	Beds	Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	12685	16.2%	5264	7 67.4%	. 0	1574	3840	0	70746	90.6%	90.6%
Skilled Under 22				0 0.0%	. 0	. 0	0	0	0	0.0%	0.0%
Intermediate DD				0 0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1268		5264		•	1574	3840	0	70746	90.6%	90.6%

	NURSIN	IG CARE	SKL U	NDER 22	INTER	RMED. DD	SHEL	TERED	T	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	4	3	0	0	0	0	0	0	4	3	7
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	9	14	0	0	0	0	0	0	9	14	23
75 to 84	22	59	0	0	0	0	0	0	22	59	81
85+	21	58	0	0	0	0	0	0	. 21	58	79
TOTALS	57	137	0	0	0	0	0	0	57	137	194

LEXINGTON OF SCHAUMBURG

675 SOUTH ROSELLE ROAD SCHAUMBURG, IL. 60193

Reference Numbers Facility ID 6012553

RES	IDENTS B	Y PAYMENT	SOURCE	AND LEV	EL OF CA	RE		AVERAGE DAILY	PAYMENT	RATES	
LEVEL			Other		Private	Charity		LEVEL OF CARE	SINGLE	DOUBLE	
OF CARE	Medicare	Medicaid	Public I	nsurance	Pay	Care	TOTALS	Nursing Care	317	222	
Nursing Care	61	118	0	4	11	0	194	Skilled Under 22	0	0	
Skilled Under 22	0	0	0	0	0	0	0	Intermediate DD	0	0	
ICF/DD		0	0	0	0	0	0	Shelter	0	0	
Sheltered Care			0	0	0	0	0				
TOTALS	61	- 118	0	4	11	0	194				
en ann peut ainmeach a cheòraig ann an Airmeachail an taigig an taigig ann an	RESIDEN	ITS BY RAC	AL/ETHN	ICITY GRO	UPING	Rathiko untherstonkin bir ist billianski tib	an Barting and Constitution (Standard Architecture)	STAFF	ING	AND	
RACE		Nursing	SklUnd22	ICF/D	D She	iter T	otals	EMPLOYMENT		FULL-TIME EQUIVALENT	
Asian		6	0	()	0	6	CATEGORY	EG		
Amer. Indian		1	0	()	0	1 .	Administrators		1.00	
Black		1	0	()	0	1	Physicians		0.00	
Hawaiian/Pac. Isl.		0	0	()	0	0	Director of Nursing		1.00	
White		186	0	()	0	186	Registered Nurses		19.00	
Race Unknown		0	0	()	0	0	LPN's		12.00	
Total		194	0	0		0	194	Certified Aides		66.00	
						_		Other Health Staff		9.00	
ETHNICITY		Nursing	SklUnd22	! ICF/D	D She	Iter 7	otals	Non-Health Staff		70.00	
Hispanic		4	0	(0	4	Totals		178.00	
Non-Hispanic		190	0	0		0	190				
Ethnicity Unknow	1	0	0			0	0				
Total		194	0	0		0	194		D. Maria Maria Maria Cara Cara Cara Cara Cara Cara Cara	energia de la composição	
zakurunennomas (dubititud) kilisterit tiripi akkon gaat (dubiti bilisterit tiripi akkon gaat (dubiti bilisterit		NET REVE	NUE BY P	AYOR SO	JRCE (Fis	cal Year I	Data)	Chari Care	,	Charity Care pense as % of	
Medicare		Medicaid	Other Pi	ublic Pr	ivate Insur	ance	Private Pay	TOTALS Expen	se* To	tal Net Revenu	
42.2%		47.2%	(0.0%	4	1.3%	6.3%	100.0%		0.0%	
6,222,422		6,967,196		0	638.	622	931,287	14,759,527	0		

*Charity Expense does not include expenses which may be considered a community benefit.



675 S Roselle Rd

Schaumburg, IL 60193-3100 23.56 miles / 37 minutes

Lexington of Schaumburg



Terra Cotta Rd & II Route 176, Crystal Lake, IL 60012

1. Start out going east on IL-176 / E Terra Cotta Ave toward Mistwood Ln. Map	0.5 Mi
	O.E. Mi Total

0.5 Mi Total

5.8 Mi 2. Turn right onto IL-31 S. Map 6.3 Mi Total

12.9 Mi 3. Turn left onto Algonquin Rd / IL-62. Map 19.1 Mi Total

4.5 Mi

23.6 Mi Total

675 S Roselle Rd, Schaumburg, IL 60193-3100



Total Travel Estimate: 23.56 miles - about 37 minutes

5. 675 S ROSELLE RD is on the left. Map

4. Turn right onto N Roselle Rd. Map

LEXINGTON OF STREAMWOOD		ADMISSION RESTRICTIO	NS	RESIDENTS BY PRIMARY DIAGN	OSIS
815 EAST IRVING PARK ROAD		Aggressive/Anti-Social	1	DIAGNOSIS	
STREAMWOOD, IL. 60107		Chronic Alcoholism	1	Neoplasms	0
Reference Numbers Facility ID 6012	2975	Developmentally Disabled	1	Endocrine/Metabolic	8
Health Service Area 007 Planning Serv	rice Area 701	Drug Addiction	1	Blood Disorders	0
Administrator		Medicald Recipient	0	*Nervous System Non Alzheimer	8
Gina McCarthy		Medicare Recipient	0	Alzheimer Disease	4
		Mental Iliness	1	Mental Illness	3
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0
Bridgett Rummel		Non-Mobile	0	Circulatory System	23
630-458-4635	Date	Public Aid Recipient	0	Respiratory System	8
Registered Agent Information	Completed	Under 65 Years Old	0	Digestive System	2
-	2/22/2011	Unable to Self-Medicate	0	Genitourinary System Disorders	5
		Ventilator Dependent	1	Skin Disorders	1
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	27
FACILITY OWNERSHIP		Other Restrictions	0	Injuries and Poisonings	5
FOR-PROF CORPORATION		No Restrictions	0	Other Medical Conditions	88
		Note: Reported restictions deno	tad by !!!	Non-Medical Conditions	0
CONTINUING CARE COMMUNITY	No	wie. Reported restrictions denoi	icu oy i	TOTALS	182
LIFE CARE FACILITY	No		Total Res	idents Diagnosed as Mentally III	3

	LICENSED	BEDS, BEI	DS IN US	E, MEDICA	RE/MEDIC	CAID CERTIFIE	D BEDS		ADMISSIONS AND DISCHARGES - 2010	ı
		PEAK	PEAK						D.0011A1(0E0 - 2010	
	LICENSED	BEDS	BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	Residents on 1/1/2010	187
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Total Admissions 2010	355
Nursing Care	214	214	192	214	182	32	214	214	Total Discharges 2010	360
Skilled Under 22	0	0	0	0	0	0		0	Residents on 12/31/2010	182
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	214	214	192	214	182	32	214	214		

LEVEL OF CARE	Medi Pat. days		Medi Pat. days	caid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10950	14.0%	5133	8 65.7%	6 0	981	3832	0	67101	85.9%	85.9%
Skilled Under 22				0 0.09	6 0	0	0	0	0	0.0%	0.0%
Intermediate DD				0.0%	6 0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1095					981	3832	0	67101	85.9%	85.9%

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	1	0	0	0	0	0	0	3	1	4
60 to 64	2	6	0	0	0	0	0	0	2	6	8
65 to 74	9	18	0	0	0	0	0	0	9	18	27
75 to 84	12	55	0	0	0	0	0	0	12	55	67
85+	4	72	0	0	0	0	0	0	4	72	76
TOTALS	30	152	0	0	0	0	0	0	30	152	182

LEXINGTON OF STREAMWOOD

815 EAST IRVING PARK ROAD

STREAMWOOD, IL. 60107

Reference Numbers Facility ID 6012975

Health Service Area 007 Planning Service Area 701

		RESIDENTS	BY	PAYMENT	SOURCE	AND	LEVEL	OF	CARE
--	--	-----------	----	---------	--------	-----	-------	----	------

AVERAGE DAILY PAYMENT RATES

LEVEL			Other		Private	Charity		LEVEL OF CARE	SINGLE	DOUBLE
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	Nursing Care	383	203
Nursing Care	49	120	0	1	12	0	182	Skilled Under 22	0	0
Skilled Under 22	0	0	0	0	0	0	0	Intermediate DD	0	0
ICF/DD		0	0	0	0	0	0	Shelter	0	0
Sheltered Care			0	0	0	0	0			
TOTALS	49	120	0	1	12	0	182			

RES	IDENTS BY RA	CIAL/ETHNIC	ITY GROUP	ING		STAFFI	NG
RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals	EMPLOYMENT	FULL-TIME
Asian	4	0	0	0	4	CATEGORY	EQUIVALENT
Amer. Indian	0	0	0	0	0	Administrators	1.00
Black	6	0	0	0	6	Physicians	0.00
Hawaiian/Pac. Isl.	0	0	0	0	0	Director of Nursing	1.00
White	172	0	0	0	172	Registered Nurses	14.00
Race Unknown	0	0	0	0	0	LPN's	21.00
Total	182	0	0	0	182	Certified Aides	57.00
		•	•	·		Other Health Staff	8.00
ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals	Non-Health Staff	63.00
Hispanic	8	0	0	0	8	Totals	165.00
Non-Hispanic	174	0	0	0	174		
Ethnicity Unknown	0	0	0	0	0		
Total	182	0	0	0	182		

THE PROPERTY OF A SECURE OF STREET, THE PROPERTY OF STREET, THE	RESTRUMBNISHER SKUESTER ALLESS AND ARTS	Certain de l'experience de la company de	E COMMUNICATA DE LA COMPONIDA D	renja ne krita e meningen krita da kanada di krita da kr	árak zemekennis ér ymistiknis róm gikuma kindura rom sekretok kekerker	enzinderder der bereitet in beschieben der beschieben	nci-processan principal del compresenta del compresenta del compresenta del compresenta del compresenta del co
	NET REVEN	UE BY PAYOR	SOURCE (Fiscal Yea	r Data)		Charity	Charity Care
			(, , , , , , , , , , , , , , , , , , ,			Care	Expense as % of
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense*	Total Net Revenue
39.4%	49.9%	0.0%	3.1%	7.6%	100.0%		0.0%
5,068,403	6,423,730	0	404,192	980,351	12,876,676	0	

^{*}Charity Expense does not include expenses which may be considered a community benefit.



815 E Irving Park Rd

Streamwood, IL 60107-3073 22.34 miles / 34 minutes

Notes Loungton of Streamwood

(3)
and the same

Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012

	1. Start out going east on IL-176 / E Terra Cotta Ave toward Mistwood Ln. Map	0.5 Mi 0.5 Mi Total
P	2. Turn right onto IL-31 S. Map	5.8 Mi 6.3 Mi Total
41	3. Turn left onto Algonquin Rd / IL-62. Map	7.0 Mi 13.3 <i>Mi Total</i>
7	4. Turn slight right onto IL-59 S / New Sutton Rd. Continue to follow IL-59 S. Map	6.9 Mi 20.2 Mi Total
	5 Turn left onto W irving Park Rd / II -19 Man	2.2 Mi

6. 815 E IRVING PARK RD is on the right. Map



815 E Irving Park Rd, Streamwood, IL 60107-3073

Total Travel Estimate: 22.34 miles - about 34 minutes

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22.3 Mi Total

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2010 LIBERTYVILLE MANOR EXTEND CARE FACILITY LIBERTYVILLE

LIBERTYVILLE MANOR EXTEND CARE	FACILITY	ADMISSION RESTRICTIO	NS	RESIDENTS BY PRIMARY DIAGNOSIS		
610 PETERSON ROAD (HWY, #137)		Aggressive/Anti-Social	1	DIAGNOSIS		
LIBERTYVILLE, IL. 60048		Chronic Alcoholism	1	Neoplasms	1	
Reference Numbers Facility ID 6005	359	Developmentally Disabled	1	Endocrine/Metabolic	24	
Health Service Area 008 Planning Servi	ce Area 097	Drug Addiction	1	Blood Disorders	0	
Administrator		Medicaid Recipient	1	*Nervous System Non Alzheimer	5	
John Stokovich		Medicare Recipient	0	Alzheimer Disease	2	
Control Daniel and T. L. I		Mental Iliness	0	Mental Illness	0	
Contact Person and Telephone JOHN STOKOVICH 1-(847)-367-6100		Non-Ambulatory	0	Developmental Disability	0	
		Non-Mobile	0	Circulatory System	9	
1-(047)-307-0100	Date	Public Aid Recipient	0	Respiratory System	14	
Registered Agent Information	Completed	Under 65 Years Old		Digestive System	0	
John P. Fadden, J.D., CPA	2/28/2011	Unable to Self-Medicate	0	Genitourinary System Disorders	Ó	
111 West Washington Street - Suite 1900		Ventilator Dependent	1	Skin Disorders	0	
Chicago, IL 60602		Infectious Disease w/ Isolation		Musculo-skeletal Disorders	2	
FACILITY OWNERSHIP		Other Restrictions	0	Injuries and Poisonings	0	
FOR-PROF CORPORATION		No Restrictions	0	Other Medical Conditions	0	
		Note: Demouted vestistions devet	. J.L., 111	Non-Medical Conditions	0	
CONTINUING CARE COMMUNITY	No No	•		TOTALS	57	
LIFE CARE FACILITY		idents Diagnosed as Mentally III	0			

	LICENSED	BEDS, BE	DS IN US	E, MEDICA	RE/MEDIO	CAID CERTIFIE	ED BEDS		ADMISSIONS AND	_	
		PEAK	PEAK						DISCHARGES - 2010		
LEVEL OF CARE	LICENSED BEDS	BEDS SET-UP	BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010 Total Admissions 2010	63 281	
Nursing Care	174	174	68	174	57	117	31	0	Total Discharges 2010	287	
Skilled Under 22	0	0	0	0	0	0		0	Residents on 12/31/2010	57	
Intermediate DD	0	0	, 0	0	0	0		0			
Sheltered Care	0	0	0	0	0	0			Identified Offenders	1	
TOTAL BEDS	174	174	68	174	57	117	31	۸			

FACILITY UTILIZATION - 2010 BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medi Pat. days		Med Pat. days	licaid Occ. Pc	_	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6604	58.4%		0 0.	0%	0	0	14937	60	21601	34.0%	34.0%
Skilled Under 22				0 0.	.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD				0 0.	.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care						0	0	0	0	0	0.0%	0.0%
TOTALS	660	4 58.4%		0 0	.0%	0	0	14937	60	21601	34.0%	34.0%

	NURSIN	IG CARE	SKL U	NDER 22	INTER	RMED. DD	SHE	TERED	T	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	4	5	0	0	0	0	0	0	4	5	9
65 to 74	2	4	0	0	0	0	0	0	2	4	6
75 to 84	7	10	0	0	0	0	0	0	7	10	17
85+	5	20	0	0	0	0	0	0	5	20	25
TOTALS	18	39	0	0	0	0	0	0	18	39	57

LIBERTYVILLE MANOR EXTEND CARE FACILITY

610 PETERSON ROAD (HWY. #137)

LIBERTYVILLE, IL. 60048

Reference Numbers Facility ID 6005359

Health Service Area 008 Planning Service Area 097

RESIDENTS	RY	PAYMENT	SOURCE	AND	EV/E1	OF	CARE
VESIDER 19	C > 1	CAINCRI	SUURGE	MINIJ	EVEL.	UF	CARC

AVERAGE	DAILY	PAYMENT	RATES

LEVEL			Other		Private	Charity		LEVEL OF CARE	SINGLE	DOUBLE
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	Nursing Care	255	202
Nursing Care	17	0	0	0	40	0	57	Skilled Under 22	0	0
Skilled Under 22	0	0	0	0	0	0	0	Intermediate DD	0	0
ICF/DD		0	0	0	0	0	0	Shelter	0	0
Sheltered Care			0	0	0	0	0			
TOTALS	17	0	0	0	40	0	57			

RES	IDENTS BY RA	CIAL/ETHNIC		STAFFI	NG		
RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals	EMPLOYMENT	FULL-TIME
Asian	0	0	0	0	0	CATEGORY	EQUIVALENT
Amer. Indian	0	0	0	0	0	Administrators	1.00
Black	1	0	0	0	1	Physicians	0.00
Hawaiian/Pac. Isl.	0	0	0	0	0	Director of Nursing	1.00
White	56	0	0	0	56	Registered Nurses	7.00
Race Unknown	0	0	0	0	0	LPN's	5.00
Total	57	0	0	0	57	Certified Aides	21.00
		_	-	Ť	• •	Other Health Staff	6.00
ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals	Non-Health Staff	25.00
Hispanic	0	0	0	0	0	Totals	66.00
Non-Hispanic	57	0	0	0	57		
Ethnicity Unknown	0	0	0	0	0		
Total	57	0	0	0	57		

	NET REVEN		Charity	Charity Care			
	Care	Expense as % of					
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense*	Total Net Revenue
37.3%	0.0%	0.0%	0.0%	62.7%	100.0%		0.1%
2,600,500	0	0	0	4,372,610	6,973,110	10,366	

^{*}Charity Expense does not include expenses which may be considered a community benefit.



610 Peterson Rd

Libertyville, IL 60048-1014 20.38 miles / 35 minutes Notes
Libertyville Mara Extended Care

	4	Terra Cotta Rd & II Route 176, Crystal Lake, IL 60012	
•		1. Start out going east on IL-176 / ETerra Cotta Ave toward Mistwood Ln. Map	0.5 Mi 0.5 Mi Total
K	176	2. Turn slight left onto IL-176. Map	14.4 Mi 14.9 Mi Total
4		3. Turn left onto Schank Ave. Map	0.1 Mi 15.1 Mi Total
1	83	4. Schank Ave becomes IL-83 / Ivanhoe Rd. Map	2.0 Mi 17.1 <i>Mi Total</i>
(*)		5. Turn right onto E Peterson Rd / CR-A33. Continue to follow E Peterson Rd. Map	3.1 Mi 20.2 Mi Total
41	33)	6. Turn sharp left onto Peterson Rd / IL-137 W. Map	0.2 Mi 20.4 Mi Total
		7. 610 PETERSON RD is on the right. Map	
	(3)	610 Peterson Rd, Libertyville, IL 60048-1014	

Total Travel Estimate: 20.38 miles - about 35 minutes

MANOR CARE OF LIBERTYVILLE		ADMISSION RESTRICTION	INS	RESIDENTS BY PRIMARY DIAGNO		
1500 SOUTH MILWAUKEE AVENUE		Aggressive/Anti-Social	1	DIAGNOSIS		
LIBERTYVILLE, IL. 60048		Chronic Alcoholism	1	Neoplasms	5	
Reference Numbers Facility ID 601	0482	Developmentally Disabled	1	Endocrine/Metabolic	9	
Health Service Area 008 Planning Ser	vice Area 097	Drug Addiction	1	Blood Disorders	3	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	11	
Pamela Lamb		Medicare Recipient	0	Alzheimer Disease	4	
		Mental Iliness	1	Mental Iliness	0	
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0	
PAMELA LAMB		Non-Mobile	0	Circulatory System	36	
847-816-3200	Date	Public Aid Recipient	0	Respiratory System	7	
Registered Agent Information	Completed	Under 65 Years Old	0	Digestive System	3	
	3/1/2011	Unable to Self-Medicate	0	Genitourinary System Disorders	3	
		Ventilator Dependent	1	Skin Disorders	2	
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	5	
FACILITY OWNERSHIP		Other Restrictions	0	Injuries and Poisonings	8	
LIMITED LIABILITY CO		No Restrictions	0	Other Medical Conditions	8	
		Note: Departed vestistions days	tad by 111	Non-Medical Conditions	0	
CONTINUING CARE COMMUNITY No LIFE CARE FACILITY No		Note: Reported restictions deno	ши оу 1	TOTALS	104	
LIFE CARE FACILITY		Total Res	idents Diagnosed as Mentally III	0		

	LICENSED	BEDS, BE	DS IN US	E, MEDICA	RE/MEDIC	CAID CERTIFIE	ED BEDS		ADMISSIONS AND	
		PEAK	PEAK						DISCHARGES - 2010	,
	LICENSED	BEDS	BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	Residents on 1/1/2010	126
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Total Admissions 2010	764
Nursing Care	150	144	134	144	104	46	150	66	Total Discharges 2010	786
Skilled Under 22	0	0	0	0	0	0		0	Residents on 12/31/2010	104
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	150	144	134	144	104	46	150	66	•	

LEVEL OF CARE	Med Pat. days		Medi Pat. days		Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	15053	3 27.5%	1583	9 65.7%	6 0	3814	3470	0	38176	69.7%	72.6%
Skilled Under 22				0 0.0%	6 0	0	0	0	0	0.0%	0.0%
Intermediate DD				0.09	6 0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1505	3 27.5%	1583	9 65.79	% 0	3814	3470	0	38176	69.7%	72.6%

	NURSIN	IG CARE	SKL U	NDER 22	INTER	RMED. DD	SHE	TERED	T	JATC	GRAND	
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL	
Under 18	0	0	0	0	0	0	0	0	0	0	0	
18 to 44	2	1 -	0	0	0	0	0	0	2	1	3	
45 to 59	6	8	0	0	0	0	0	0	6	8	14	
60 to 64	3	3	0	0	0	0	0	0	3	3	6	
65 to 74	5	12	0	0	0	0	0	0	5	12	17	
75 to 84	8	20	0	0	0	0	0	0	8	20	28	
85+	4	32	0	0	0	0	0	0	4	32	36	
TOTALS	28	76	0	0	0	0	0	0	28	76	104	

MANOR CARE OF LIBERTYVILLE

1500 SOUTH MILWAUKEE AVENUE

LIBERTYVILLE, IL. 60048

Reference Numbers Facility ID 6010482

Health Service Area 008 Planning Service Area 097

RE	SIDENTS B	Y PAYMENT	SOURC		AVERAGE DAIL	Y PAYMENT	RATES			
LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS	LEVEL OF CARE Nursing Care	SINGLE 287	DOUBLE 241
Nursing Care	37	50	0	7	10	0	104	Skilled Under 22	0	0
Skilled Under 22	0	0	0	0	0	0	0	Intermediate DD	0	0
ICF/DD		0	0	0	0	0	0	Shelter	0	0
Sheltered Care			0	0	0	0	0		-	•
TOTALS	37	50	0	7	10	0	104			

RES	IDENTS BY RA	CIAL/ETHNIC	ITY GROUP	ING		STAFFI	NG
RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals	EMPLOYMENT	FULL-TIME
Asian	1	0	0	0	1	CATEGORY	EQUIVALENT
Amer. Indian	0	0	0	0	0	Administrators	1.00
Black	7	0	0	0	7	Physicians	0.00
Hawaiian/Pac. Isl.	0	0	0	0	0	Director of Nursing	1.00
White	96	0	0	0	96	Registered Nurses	21.00
Race Unknown	0	0	0	0	0	LPN's	3.00
Total	104	0	0	0	104	Certified Aides	39.00
ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals	Other Health Staff Non-Health Staff	18.00 30.00
Hispanic	5	0	0	0	5	Totals	113.00
Non-Hispanic	99	0	0	0	99	Votalis	710.00
Ethnicity Unknown	0	0	0	0	0		
Total	104	0	0	0	104		

			AND A STREET OF THE PARTY OF TH	AND MENTAL STATE OF THE SECOND STATE OF THE SE	A PROCESSOR AND	THE PROPERTY OF THE PARTY AND THE PARTY.	of the statement of the property of the proper
	NET REVEN	UE BY PAYOR	SOURCE (Fiscal Yea	r Data)		Charity	Charity Care
				,		Care	Expense as % of
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense*	Total Net Revenue
65.8%	14.5%	0.8%	12.9%	6.0%	100.0%		0.0%
9,221,518	2,039,715	109,347	1,808,594	841,778	14,020,952	0	
*Charity Evennes and a con-							

^{*}Charity Expense does not include expenses which may be considered a community benefit.



1500 S Milwaukee Ave

Libertyville, IL 60048-3723 22.09 miles / 39 minutes

Morror Care of Liberty ville

ASSESS.

Terra Cotta Rd & II Route 176, Crystal Lake, IL 60012

	1. Start out going east on IL-176 / E Terra Cotta Ave toward Mistwood Ln. Map	0.5 Mi 0.5 Mi Total
5	2. Turn slight left onto IL-176. Map	12.4 Mi 12.9 Mi Total
7	3. Turn slight right onto W Hawley St. Map	2.4 Mi 15.2 Mi Total
	4. Turn right onto IL-83 / IL-60. Map	2.7 Mi 18.0 Mi Total
47	5. Turn left onto Townline Rd / IL-60. Map	2.9 Mi 20.8 <i>Mi Total</i>
4	6. Turn left onto N Milwaukee Ave / IL-21. Map	1.3 Mi 22.1 Mi Total
	7. 1500 S MILWAUKEE AVE is on the right. Map	

7. 1300 S WILLY AUTEL AVE IS ON THE VIGIN TIME



1500 S Milwaukee Ave, Libertyville, IL 60048-3723

Total Travel Estimate: 22.09 miles - about 39 minutes

		N 2010 MANOR CARE OF ELGIN	mental de la maria de la maria		-
MANOR CARE OF ELGIN		ADMISSION RESTRICTION	NS	RESIDENTS BY PRIMARY DIAGN	IOSIS
180 SOUTH STATE STREET		Aggressive/Anti-Social	1	DIAGNOSIS	
ELGIN, IL. 60123		Chronic Alcoholism	0	Neoplasms	4
Reference Numbers Facility ID 600	00277	Developmentally Disabled	1	Endocrine/Metabolic	25
Health Service Area 008 Planning Ser	rvice Area 089	Drug Addiction	0	Blood Disorders	0
Administrator		Medicald Recipient	0	*Nervous System Non Alzheimer	0
Pam Crenshaw		Medicare Recipient	0	Alzheimer Disease	3
Orante of Branch and A. T. C.		Mental Illness	1	Mental Illness	0
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0
PAM CRENSHAW 847-742-3310		Non-Mobile	0	Circulatory System	17
047-742-3310	Date	Public Aid Recipient	0	Respiratory System	19
Registered Agent Information	Completed	Under 65 Years Old	0	Digestive System	2
	2/21/2011	Unable to Self-Medicate	0	Genitourinary System Disorders	0
		Ventilator Dependent	1	Skin Disorders	0
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	1
FACILITY OWNERSHIP		Other Restrictions	0	Injuries and Poisonings	0
LIMITED LIABILITY CO		No Restrictions	0	Other Medical Conditions	0
CONTINUING CARE COMMUNITY	3.1.	Note: Reported restictions deno	tad by III	Non-Medical Conditions	0
LIFE CARE FACILITY	No	Note. Reported restrictions denoi	ieu vy 1	TOTALS	71
LIFE CARE PAGILITY	No		Total Res	idents Diagnosed as Mentally III	0

	LICENSED	BEDS, BEI	DS IN US	E, MEDICA	RE/MEDIO	CAID CERTIFIE	D BEDS		ADMISSIONS AND DISCHARGES - 2010	
		PEAK	PEAK						DISCHARGES - 2010	i
LEVEL OF CARE	LICENSED BEDS	BEDS SET-UP	BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	74
Nursing Care	88	82	82	81	71	17	88	61	Total Admissions 2010 Total Discharges 2010	224 227
Skilled Under 22	0	0	0	0	0	0		0	Residents on 12/31/2010	71
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	88	82	82	81	71	17	88	61		

LEVEL OF CARE	Medi Pat. days		Medi Pat. days	caid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4972	15.5%	1861	7 83.6%	6 0	1645	909	0	26143	81.4%	87.3%
Skilled Under 22				0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD				0.0%	6 0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	497	2 15.5%	1861	7 83.69	6 0	1645	909	0	26143	81.4%	87.3%

	NURSIN	IG CARE	SKL U	NDER 22	INTER	RMED. DD	SHE	TERED	To	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	2	3	0	0	0	0	0	0	2	3	5
60 to 64	1	4	0	0	0	0	0	0	1	4	5
65 to 74	6	6	0	0	0	0	0	0	6	6	12
75 to 84	10	13	0	0	0	0	0	0	10	13	23
85+	7	17	0	0	0	0	0	0	7	17	24
TOTALS	27	44	0	0	0	0	0	0	27	44	71

MANOR CARE OF ELGIN

180 SOUTH STATE STREET

ELGIN, IL. 60123

Reference Numbers Facility ID 6000277

Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

AVERAGE DAILY PAYMENT RATES

LEVEL			Other		Private	Charity		LEVEL OF CARE	SINGLE	DOUBLE
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	Nursing Care	254	227
Nursing Care	11	54	0	2	4	0	71	Skilled Under 22	0	0
Skilled Under 22	0	0	0	0	0	0	0	Intermediate DD	0	0
ICF/DD		0	0	0	0	0	0	Shelter	0	0
Sheltered Care			0	0	0	0	0			
TOTALS	11	54	0	2	4	0	71			

RES	SIDENTS BY RA	CIAL/ETHNIC	ITY GROUP	ING		STAFFI	NG
RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals	EMPLOYMENT	FULL-TIME
Asian	0	0	0	0	0	CATEGORY	EQUIVALENT
Amer. Indian	0	0	0	0	0	Administrators	1.00
Black	7	0	0	0	7	Physicians	0.00
Hawaiian/Pac. Isl.	0	0	0	0	0	Director of Nursing	1.00
White	64	0	0	0	64	Registered Nurses	18.00
Race Unknown	0	0	0	0	0	LPN's	10.00
Total	71	0	0	0	71	Certified Aides	34.00
			•	•		Other Health Staff	15.00
ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals	Non-Health Staff	40.00
Hispanic	4	0	0	0	4	Totals	119.00
Non-Hispanic	67	0	0	0	67		
Ethnicity Unknown	0	0	0	0	0		
Total	71	0	0	0	71		

The contraction of the contracti	NET REVEN	UE BY PAYOR	SOURCE (Fiscal Yea	r Data)		Charity	Charity Care
				,		Care	Expense as % of
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense*	Total Net Revenue
46.0%	38.9%	3.0%	8.3%	3.8%	100.0%		0.0%
2,685,270	2,270,472	177,784	483,800	223,179	5,840,505	259	
**************************************				9			

^{*}Charity Expense does not include expenses which may be considered a community benefit.



180 S State St

Elgin, IL 60123-6429 16.17 miles / 28 minutes Notes

Manur Care of Elgin



Terra Cotta Rd & II Route 176, Crystal Lake, IL 60012

1. Start out going east on IL-176 / E Terra Cotta Ave toward Mistwood Ln. Map

0.5 Mi

0.5 Mi Total

2. Turn right onto IL-31 S. Map

15.7 Mi

16.2 Mi Total

3. 180 S STATE ST is on the right. Map



180 S State St, Elgin, IL 60123-6429

Total Travel Estimate: 16.17 miles - about 28 minutes

MAPLEWOOD CARE		ADMISSION RESTRICTIO	NS	RESIDENTS BY PRIMARY DIAGN	IOSIS
50 NORTH JANE DRIVE		Aggressive/Anti-Social	0	DIAGNOSIS	
ELGIN, IL. 60123		Chronic Alcoholism	0	Neoplasms	1
Reference Numbers Facility ID	6004758	Developmentally Disabled	0	Endocrine/Metabolic	35
Health Service Area 008 Planning	g Service Area 089	Drug Addiction	0	Blood Disorders	0
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	4
Jamie Lloyd		Medicare Recipient	0	Alzheimer Disease	5
•		Mental Illness	0	Mental Illness	67
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	1
Niki Mehta		Non-Mobile	0	Circulatory System	23
847-697-3750	Date	Public Aid Recipient	0	Respiratory System	10
Registered Agent Information	Completed	Under 65 Years Old	0	Digestive System	3
	2/24/2011	Unable to Self-Medicate	0	Genitourinary System Disorders	5
		Ventilator Dependent	1	Skin Disorders	0
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	1
FACILITY OWNERSHIP		Other Restrictions	0	Injuries and Poisonings	0
FOR-PROF CORPORATION		No Restrictions	0	Other Medical Conditions	36
		Make Baranda and attack	4. J L., 177	Non-Medical Conditions	0
CONTINUING CARE COMMUNITY	No	Note: Reported restictions denot	ieu vy 1	TOTALS	191
LIFE CARE FACILITY	No		Total Res	sidents Diagnosed as Mentally iii	94

	LICENSED	BEDS, BE	DS IN US	E, MEDICA	RE/MEDIC	CAID CERTIFIE	D BEDS		ADMISSIONS AND DISCHARGES - 2010	
		PEAK	PEAK						DISCHARGES - 2010	
	LICENSED	BEDS	BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	Residents on 1/1/2010	188
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Total Admissions 2010	83
Nursing Care	203	203	198	0	191	12	203	203	Total Discharges 2010	80
Skilled Under 22	0	0	0	0	0	0		0	Residents on 12/31/2010	191
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0			Identified Offenders	9
TOTAL BEDS	203	203	198	0	191	12	203	203		

LEVEL OF CARE		icare Occ. Pct.	Medi Pat. days	caid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1903	3 2.6%	6416	6 86.6%	812	117	1355	0	68353	92.3%	92.3%
Skilled Under 22				0 0.0%	6 0	0	0	0	0	0.0%	0.0%
Intermediate DD				0 0.0%	6 0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	190	3 2.6%	6416	6 86.69	% 812	117	1355	0	68353	92.3%	92.3%

	NURSIN	IG CARE	SKL UNDER 22		INTERMED, DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	14	4	0	0	0	0	0	0	14	4	18
45 to 59	50	27	0	0	0	0	0	0	50	27	77
60 to 64	18	9	0	0	0	0	0	0	18	9	27
65 to 74	19	22	0	0	0	0	0	0	19	22	41
75 to 84	9	12	0	0	0	0	0	0	9	12	21
85+	1	6	0	0	0	0	0	0	1	6	7
TOTALS	111	80	0	0	0	0	0	0	111	80	191

MAPLEWOOD CARE

50 NORTH JANE DRIVE

ELGIN, IL. 60123

Reference Numbers Facility ID 6004758

Health Service Area 008 Planning Service Area 089

RE	SIDENTS B	Y PAYMEN	SOURC	E AND LEV	EL OF CA	RE		AVERAGE DAILY PAYMENT F					
LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS	LEVEL OF CARE Nursing Care	SINGLE	DOUBLE			
Nursing Care	4	181	0	2	4	0	191	Skilled Under 22	120 0	120 0			
Skilled Under 22 ICF/DD	0	0	0	0	0	0	0	Intermediate DD	0	0			
Sheltered Care		Ü	0	0	0	0 0	0	Shelter	0	0			
TOTALS	4	181	n	2			404						

RE	SIDENTS BY RA	CIAL/ETHNIC	TY GROUP	ING		STAFFING			
RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals	EMPLOYMENT	FULL-TIME		
Asian	2	0	0	0	2	CATEGORY	EQUIVALENT		
Amer. Indian	0	0	0	0	0	Administrators	1.00		
Black	15	0	0	0	15	Physicians	0.00		
Hawaiian/Pac, Isl.	0	0	0	0	0	Director of Nursing	1.00		
White	174	0	0	0	174	Registered Nurses	15.00		
Race Unknown	0	0	0	0	0	LPN's	5.00		
Total	191	0	0	0	191	Certified Aides	57.00		
ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals	Other Health Staff Non-Health Staff	19.00 51.00		
Hispanic	14	0	0	0	14	Totals			
Non-Hispanic	0	0	0	0	0	iotais	149.00		
Ethnicity Unknown	177	0	0	0	177				
Total	191	0	0	0	191				

	NET REVEN	IUE BY PAYOR	SOURCE (Fiscal Yea	r Data)		Charity	Charity Care
Medicare	Medicaid	Other Public	Private Insurance	Debasta Day	T0711.0	Care	Expense as % of
	Micdioala	Outer Lange	riivate insurance	Private Pay	TOTALS	Expense*	Total Net Revenue
12.6%	67.8%	1.0%	0.4%	18.2%	100.0%		0.0%
1,086,185	5,858,016	89,832	38,410	1,570,145	8,642,588	. 0	4.572
Charity Expense does r	ot include expense	s which may be	considered a commun	ity honofit			



50 N Jane Dr

Elgin, IL 60123-5118 18.56 miles / 28 minutes Notes

madewood Care



Terra Cotta Rd & II Route 176, Crystal Lake, IL 60012

		1. Start out going east on IL-176 / E Terra Cotta Ave toward Mistwood Ln. Map	0.5 Mi 0.5 Mi Total
r	SOUTH	2. Turn right onto IL-31 S. Map	2.6 Mi 3.1 Mi Total
[*		3. Turn right onto James R Rakow Rd / CR-A45. Continue to follow James R Rakow Rd. Map	2.6 Mi 5.7 Mi Total
1		4. James R Rakow Rd becomes Randall Rd. Map	11.1 Mi 16.8 Mi Total
4		5. Turn left onto Highland Ave. Map	1.2 Mi 18.0 Mi Total
r		6. Turn right onto Thomas More Dr . Map	0.2 Mi 18.2 Mi Total
41		7. Turn left onto Lin Lor Ln. Map	0.2 Mi 18.4 Mi Total
*		8. Take the 1st right onto N Jane Dr . <u>Map</u>	0.1 Mi 18.6 M i Total
		9. 50 N JANE DR is on the right. Map	
	(3)	50 N Jane Dr , Elgin, IL 60123-5118	

Total Travel Estimate: 18.56 miles - about 28 minutes

MERCY HARVARD HOSPITAL		ADMISSION RESTRICTIO	NS	RESIDENTS BY PRIMARY DIAGNO	OSIS
901 GRANT STREET		Aggressive/Anti-Social	1	DIAGNOSIS	
HARVARD, IL. 60033		Chronic Alcoholism	1	Neoplasms	2
Reference Numbers Facility ID 911	1001	Developmentally Disabled	1	Endocrine/Metabolic	1
Health Service Area 008 Planning Ser	vice Area 111	Drug Addiction	1	Blood Disorders	1
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	1
Katherine Kus		Medicare Recipient	0	Alzheimer Disease	0
		Mental Illness	1	Mental Illness	0
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0
KATHERINE KUS		Non-Mobile	0	Circulatory System	3
815-943-2967	Date	Public Aid Recipient	0	Respiratory System	2
Registered Agent Information	Completed	Under 65 Years Old	0	Digestive System	0
	2/11/2011	Unable to Self-Medicate	0	Genitourinary System Disorders	2
		Ventilator Dependent	1	Skin Disorders	0
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	4
ELOU PELOURIEDOLIO		Other Restrictions	0	Injuries and Poisonings	2
FACILITY OWNERSHIP OTHER NON-PROFIT		No Restrictions	0	Other Medical Conditions	9
		Mater Banantad matisticus donos	tad by 111	Non-Medical Conditions	0
CONTINUING CARE COMMUNITY	No	Note: Reported restictions denot	eu vy 1	TOTALS	27
LIFE CARE FACILITY	No		Total Res	sidents Diagnosed as Mentally III	0

	LICENSED	BEDS, BE	DS IN US	E, MEDICA	RE/MEDIC	CAID CERTIFIE	D BEDS		ADMISSIONS AND DISCHARGES - 2010	
		PEAK	PEAK						DIOCHAROLO LORO	
	LICENSED	BEDS	BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	Residents on 1/1/2010	24
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Total Admissions 2010	155
Nursing Care	45	34	33	34	27	18	34	6	Total Discharges 2010	152
Skilled Under 22	0	0	0	0	0	0		0	Residents on 12/31/2010	27
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	45	34	33	34	27	18	34	6		

						Private	Private	Charity		Licensed	Peak Beds
	Medi	care	Medi	caid	Other Public	Insurance	Pay	Care	TOTAL	Beds	Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3619	29.2%	191	4 87.4%	6 0	305	3691	7	9536	58.1%	76.8%
Skilled Under 22				0.0%	6 0	0	0	0	0	0.0%	0.0%
Intermediate DD				0.0%	6 0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	361	9 29.2%	191	4 87.49	% 0	305	3691	7	9536	58.1%	76.8%

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	5	0	0	0	0	0	0	1	5	6
75 to 84	4	3	0	0	0	0	0	0	4	3	7
85+	5	9	0	0	0	0	0	0	5	9	14
TOTALS	10	17	0	0	0	0	0	0	10	17	27

MERCY HARVARD HOSPITAL

901 GRANT STREET HARVARD, IL. 60033

Reference Numbers Facility ID 9111001

Health Service Area 008 Planning Service Area 111

PESIDENTS	DV DAVMENT	SOUDCE AND I	EVEL OF CARE
RESIDENIS	DIPATMENT	DUDRUCE AND L	EVEL UP LARE

RE	SIDENTS B	Y PAYMENT	SOURC	E AND LEV	EL OF CA	RE		AVERAGE DAILY	PAYMENT	RATES
LEVEL			Other		Private	Charity		LEVEL OF CARE	SINGLE	DOUBLE
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	Nursing Care	366	183
Nursing Care	6	4	0	. 1	16	0	27	Skilled Under 22	0	0
Skilled Under 22	0	0	0	0	0	0	0	Intermediate DD	0	0
ICF/DD		0	0	0	0	0	0	Shelter	0	0
Sheltered Care			0	0	0	0	0			
TOTALS	6	4	0	1	16	0	27			

RES	IDENTS BY RA	CIAL/ETHNIC	ITY GROUP	ING		STAFFI	NG
RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals	EMPLOYMENT	FULL-TIME
Asian	0	0	0	0	0	CATEGORY	EQUIVALENT
Amer. Indian	0	0	0	0	0	Administrators	1.00
Black	0	0	0	0	0	Physicians	0.00
Hawaiian/Pac. Isl.	0	0	0	0	0	Director of Nursing	1.00
White	27	0	0	0	27	Registered Nurses	7.90
Race Unknown	0	0	0	0	0	LPN's	1.50
Total	27	0	0	0	27	Certified Aides	12.97
	,	-	•	•		Other Health Staff	2.00
ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals	Non-Health Staff	3.00
Hispanic	0	0	0	0	0	Totals	29.37
Non-Hispanic	27	0	0	0	27		
Ethnicity Unknown	0	0	0	0	0		
Total	27	0	0	0	27		

	NET REVEN	UE BY PAYOR	SOURCE (Fiscal Yea	r Data)		Charity	Charity Care
				ar sauny		Care	Expense as % of
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense*	Total Net Revenue
58.4%	16.9%	0.0%	3.7%	20.9%	100.0%		0.0%
1,423,121	412,605	0	90,394	509,512	2,435,632	0	

^{*}Charity Expense does not include expenses which may be considered a community benefit.



14114

901 Grant St

Harvard, IL 60033-1821 23.33 miles / 34 minutes Notes

Mercy Harvard Hospital Care Center



Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012

1. Start out going west on IL-176 / E Terra Cotta Ave toward Knaack Blvd. Map

2.5 Mi Total

2.5 Mi

20.5 Mi

2. Turn right onto US-14 W. Map 23.0 Mi Total

0.3 Mi

3. Turn right onto E McKinley St. Map

23.3 Mi Total

4. Turn left onto Grant St. Map 0.01 Mi

23.3 Mi Total

901 Grant St, Harvard, **L** 60033-1821

5. 901 GRANT ST is on the right. Map

Total Travel Estimate: 23.33 miles - about 34 minutes

PRAIRIEVIEW AT THE GARLANDS			KLANDS	BARRINGION	Name of the last o
6000 GARLANDS LANE		ADMISSION RESTRICTION	ONS	RESIDENTS BY PRIMARY DIAGN	OSIS
BARRINGTON, IL. 60010		Aggressive/Anti-Social	0	DIAGNOSIS	
		Chronic Alcoholism	0	Neoplasms	0
	6158	Developmentally Disabled	1	Endocrine/Metabolic	0
Health Service Area 008 Planning Ser	vice Area 097	Drug Addiction	0	Blood Disorders	0
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	0
Lynn Laystrom		Medicare Recipient	0	Alzheimer Disease	4
Contact Bosses and Tableton		Mental Illness	1	Mental Illness	0
Contact Person and Telephone LYNN LAYSTROM		Non-Ambulatory	0	Developmental Disability	0
847-852-3500		Non-Mobile	0	Circulatory System	2
047-032-3300	Date	Public Aid Recipient	0	Respiratory System	1
Registered Agent Information	Completed	Under 65 Years Old	0	Digestive System	0
	2/7/2011	Unable to Self-Medicate	0	Genitourinary System Disorders	0
		Ventilator Dependent	1	Skin Disorders	0
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	5
FACILITY OWNERSHIP		Other Restrictions	0	Injuries and Poisonings	0
LIMITED LIABILITY CO		No Restrictions	0	Other Medical Conditions	0
		37 / 79 / 1 / 2 / 3		Non-Medical Conditions	0
CONTINUING CARE COMMUNITY	Yes	Note: Reported restictions deno.	ted by 'I'	TOTALS	12
LIFE CARE FACILITY	No		Total Ree	idents Diagnosed as Mentally III	0

	LICENSED	BEDS, BE	DS IN US	E, MEDICA	ARE/MEDI	CAID CERTIFIE	ED BEDS		ADMISSIONS AND	
		PEAK	PEAK						DISCHARGES - 2010	
LEVEL OF CARE	LICENSED BEDS	BEDS SET-UP	BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010 Total Admissions 2010	14 64
Nursing Care	20	20	14	20	12	8	20	0	Total Discharges 2010	66
Skilled Under 22 Intermediate DD	0	0	0	0	0	0 0		0 0	Residents on 12/31/2010	12
Sheltered Care	0	0	0	0	0	0		•	Identified Offenders	0
TOTAL BEDS	20	20	14	20	12	8	20	n	•	

LEVEL OF CARE	Medi Pat. days		Med Pat. days	licaid Occ. Pc	Other Pub		Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	954	13.1%		0 0.	0%	0	34	3383	0	4371	59.9%	59.9%
Skilled Under 22				0 0.	0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD				0 0.	0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care						0	0	0	0	0	0.0%	0.0%
TOTALS	95	4 13.1%		0 0	0%	0	34	3383	0	4371	59.9%	59.9%

	NURSIN	IG CARE	SKL L	INDER 22	INTER	RMED. DD	SHE	LTERED	TO	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	2	0	0	0	0	. 0	0	0	2	2
75 to 84	0	1	0	0	0	0	0	0	0	1	1
85+	2	7	0	0	0	0	0	0	2	7	9
TOTALS	2	10	0	0	0	0	0	0	2	10	12

PRAIRIEVIEW AT THE GARLANDS

6000 GARLANDS LANE

BARRINGTON, IL. 60010

Reference Numbers Facility ID 6016158

RES	SIDENTS B	Y PAYMENT	SOURC	E AND LE	/EL OF CA	RE			AVERAGE	E DAILY PAY	MENT	RATES
LEVEL			Other		Private	Charity	1		LEVEL OF CA	ARE SI	NGLE	DOUBLE
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTAL	.S	Nursing Care	3	300	285
Nursing Care	2	0	0	0	10	0	1.	2	Skilled Unde	r 22	0	0
Skilled Under 22	0	0	0	0	0	0	(0	Intermediate	DD	0	0
ICF/DD		0	0	0	0	0	(0	Shelter		0	0
Sheltered Care			0	0	0	0	(0				
TOTALS	2	0	0	0	10	0	12	2				
CONTRACTOR	RESIDEN	ITS BY RAC	IAL/ETHI	VICITY GR	OUPING	ACCAS CONTRACTOR		TO CARLEST CONTROL MADE	i kalanda da sa Mariana ka	STAFFING	**************************************	underen (Option of Control of Con
RACE		Nursing	SklUnd2	22 ICF/[DD She	elter	Totals		EMPLOYM	ENT	FL	JLL-TIME
Asian		0	C)	0	0	0		CATEGO	RY	EQ	UIVALENT
Amer. Indian		0	C	1	0	0	0		Administrators	3		1.00
Black		0	0	1	0	0	0		Physicians			0.00
Hawaiian/Pac. Isl		0	0	1	0	0	0		Director of Nu	rsing		1.00
White		12	0	ŧ	0	0	12		Registered Nu	ırses		6.00
Race Unknown		0	0)	0	0	0		LPN's			0.00
Total		12	0)	0	12		Certified Aides	5		10.00
							-		Other Health S	Staff		0.00
THNICITY	*******	Nursing	SkIUnd2	2 ICF/0	D She	lter	Totals		Non-Health St	aff		8.00
Hispanic		0	C	•	0	0	0		Totals			26.00
Non-Hispanic		0	0	!	0	0	0					
Ethnicity Unknown	1	12	0		0	0	12					
Total	wiiSaksistatee waanaana	12	0	()	0	12					
		NET REVE	NUE BY F	AYOR SO	URCE (Fis	cal Year	Data)	OTTO THE STATE OF T		Charity		Charity Care
Medicare		/ledicald	Other F	oublia n	dinata (me		Delicer	D	70744	Care		ense as % of
36.9%	IV	0.0%		0.0%	rivate Insur		Private f	•	TOTALS	Expense*	iot	al Net Revenu
468,363		0.0%				1.3%		1.9%	100.0%	_		0.0%
400,303		U		0	15,	985	786,	บชช	1,270,436	0		

	NET REVEN	IUE BY PAYOR	SOURCE (Fiscal Yea	ar Data)		Charity	Charity Care
			·	•		Care	Expense as % of
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense*	Total Net Revenue
36.9%	0.0%	0.0%	1.3%	61.9%	100.0%		0.0%
468,363	. 0	0	15,985	786,088	1,270,436	0	

^{*}Charity Expense does not include expenses which may be considered a community benefit.



[3464-3498] Garlands Ln

Barrington, IL 60010 12.05 miles / 21 minutes Notes

Promeview at the Garlands



Terra Cotta Rd & II Route 176, Crystal Lake, IL 60012

	1. Start out going east on IL-176 / ETerra Cotta Ave toward Mistwood Ln. Map	0.5 Mi 0.5 Mi Total
r	2. Turn right onto IL-31 S. Map	1.4 Mi 1.9 <i>Mi Total</i>
RAMP	3. Take the US-14 ramp. <u>Map</u>	0.2 M i 2.1 Mi Total
41	4. Turn left onto US-14 / Northwest Hwy. Continue to follow US-14 E. Map	9.8 Mi 11.9 Mi Total
47	5. Turn left onto Garlands Ln. Map	0.09 Mi 12.0 Mi Total
(*)	6. Take the 1st right to stay on Garlands Ln . <u>Map</u>	0.08 Mi 12.1 Mi Total



[3464-3498] Garlands Ln, Barrington, IL 60010

Total Travel Estimate: 12.05 miles - about 21 minutes

7. [3464-3498] GARLANDS LN. Map

ROSEWOOD CARE CENTER OF ELGIN		ADMISSION RESTRICTIO	NS	RESIDENTS BY PRIMARY DIAGN	OSIS
2355 ROYAL BOULEVARD		Aggressive/Anti-Social	0	DIAGNOSIS	
ELGIN, IL. 60123		Chronic Alcoholism	0	Neoplasms	2
Reference Numbers Facility ID 6014	237	Developmentally Disabled	0	Endocrine/Metabolic	11
Health Service Area 008 Planning Serv	ice Area 089	Drug Addiction	1	Blood Disorders	4
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	7
Peggy Aschenbrenner		Medicare Recipient	0	Alzheimer Disease	22
		Mental Illness	0	Mental Iliness	4
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0
JAN POELKER		Non-Mobile	0	Circulatory System	17
314-994-9070, ext. 9025	Date	Public Aid Recipient	0	Respiratory System	9
Registered Agent Information	Completed	Under 65 Years Old	0	Digestive System	2
Dan Maher	2/28/2011	Unable to Self-Medicate	0	Genitourinary System Disorders	7
412 E. Lawrence		Ventilator Dependent	1	Skin Disorders	0
Springfield, IL 62703		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	26
FACILITY OWNERSHIP		Other Restrictions	0	Injuries and Poisonings	0
FOR-PROF CORPORATION		No Restrictions	0	Other Medical Conditions	3
		Note: Reported restictions denoi	and by III	Non-Medical Conditions	0
CONTINUING CARE COMMUNITY	No	Note. Reported restictions denot	ей бу 1	TOTALS	114
LIFE CARE FACILITY	No		Total Res	idents Diagnosed as Mentally III	4

	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS											
		PEAK	PEAK						DISCHARGES - 2010			
	LICENSED	BEDS	BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	Residents on 1/1/2010	111		
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Total Admissions 2010	535		
Nursing Care	139	139	122	139	114	25	48	41	Total Discharges 2010	532		
Skilled Under 22	0	0	0	0	0	0		0	Residents on 12/31/2010	114		
Intermediate DD	0	0	0	0	0	0		0				
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0		
TOTAL BEDS	139	139	122	139	114	25	48	41				

LEVEL OF CARE	Medi Pat. days	icare Occ. Pct.	Medi Pat. days	caid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9662	55.1%	1300	1 86.9%	0	689	16646	0	39998	78.8%	78.8%
Skilled Under 22				0 0.0%	. 0	0	0	0	0	0.0%	0.0%
Intermediate DD				0 0.0%	. 0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	966	2 55.1%	1300	1 86.99	6 0	689	16646	0	39998	78.8%	78.8%

	NURSIN	IG CARE	SKL U	NDER 22	INTER	RMED. DD	SHEL	TERED	Te	JATC	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	7	0	0	0	0	0	0	2	7	9
75 to 84	12	30	0	0	0	0	0	0	12	30	42
85+	9	54	0	0	0	0	0	0	9	54	63
TOTALS	23	91	0	0	0	0	0	0	23	91	114

ROSEWOOD CARE CENTER OF ELGIN

2355 ROYAL BOULEVARD

ELGIN, IL. 60123

TOTALS

Reference Numbers Facility ID 6014237

Health Service Area 008 Planning Service Area 089

31

35

0

3

RE	SIDENTS BY	Y PAYMENT	SOURC	E AND LEVI	EL OF CA	RE		AVERAGE DAIL	PAYMENT	RATES
LEVEL			Other		Private	Charity		LEVEL OF CARE	SINGLE	DOUBLE
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	Nursing Care	166	138
Nursing Care	31	35	0	3	45	0	114	Skilled Under 22	0	0
Skilled Under 22	0	0	0	0	0	0	0	Intermediate DD	0	0
ICF/DD		0	0	0	0	0	0	Shelter	0	0
Sheltered Care			0	0	0	0	0			

45

0

114

RES	IDENTS BY RA	CIAL/ETHNIC	ITY GROUP	ING		STAFFING		
RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals	EMPLOYMENT	FULL-TIME	
Asian	1	0	0	0	1	CATEGORY	EQUIVALENT	
Amer. Indian	0	0	0	0	0	Administrators	1.00	
Black	1	0	0	0	1	Physicians	0.00	
Hawaiian/Pac. Isl.	0	0	0	0	0	Director of Nursing	1.00	
White	112	0	0	0	112	Registered Nurses	16.00	
Race Unknown	0	0	0	0	0	LPN's	13.00	
Total	114	0	0	0	114	Certified Aides	48.00	
		•	•	•	,	Other Health Staff	11.00	
ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals	Non-Health Staff	45.00	
Hispanic	3	0	0	0	3	Totals	135.00	
Non-Hispanic	0	0	0	0	0			
Ethnicity Unknown	111	0	0	0	111			
Total	114	0	0	0	114			

			SOURCE (Fiscal Yea	ır Data)		Charity	Charity Care
	TY Con 1 1 Clar 9 No 11	or billion	0001102 (1 10001 100	a water		Care	Expense as % of
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense*	Total Net Revenue
43.5%	17.0%	0.0%	3.1%	36.3%	100.0%		0.0%
3,970,232	1,552,815	0	282,629	3,313,213	9,118,889	0	

^{*}Charity Expense does not include expenses which may be considered a community benefit.



2355 Royal Blvd

Elgin, IL 60123-4716 16.68 miles / 23 minutes Notes

Prosewood Care Center Elgin

Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012

1. Start out going east on IL-176 / E Terra Cotta Ave toward Mistwood Ln. Map 0.5 Mi 0.5 Mi Total

2.6 Mi

2. Turn right onto IL-31 S. Map

3.1 Mi Total

3. Turn right onto James R Rakow Rd / CR-A45. Continue to follow James R Rakow

2.6 Mi

5.7 Mi Total Rd. Map

10.7 Mi

4. James R Rakow Rd becomes Randall Rd. Map 16.4 Mi Total

5. Turn left onto Royal Blvd. Map

0.2 Mi 16.7 Mi Total

6. 2355 ROYAL BLVD is on the right. Map

2355 Royal Blvd, Elgin, IL 60123-4716

Total Travel Estimate: 16.68 miles - about 23 minutes

ROSEWOOD CARE CENTER INVERNE	SS	ADMISSION RESTRICTIO	NS	RESIDENTS BY PRIMARY DIAGN	OSIS
1800 COLONIAL PARKWAY		Aggressive/Anti-Social	0	DIAGNOSIS	
INVERNESS, IL. 60067		Chronic Alcoholism	0	Neoplasms	4
Reference Numbers Facility ID 60	14633	Developmentally Disabled	0	Endocrine/Metabolic	3
Health Service Area 007 Planning Service Area 701		Drug Addiction	1	Blood Disorders	0
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	4
Patrick DiPaolo		Medicare Recipient	0	Alzheimer Disease	0
		Mental Illness	0	Mental Illness	0
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0
JAN POELKER		Non-Mobile	0	Circulatory System	11
314-994-9070, ext 3025	Date	Public Aid Recipient	0	Respiratory System	15
Registered Agent Information	Completed	Under 65 Years Old	0	Digestive System	12
Dan Maher	2/28/2011	Unable to Self-Medicate	0	Genitourinary System Disorders	13
412 E. Lawrence		Ventilator Dependent	1	Skin Disorders	3
Springfield, IL 62703		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	11
FACILITY OWNERSHIP		Other Restrictions	0	Injuries and Poisonings	16
FOR-PROF CORPORATION		No Restrictions	0	Other Medical Conditions	0
		Note: Demouted vestisticus dans	tad by !!!	Non-Medical Conditions	0
CONTINUING CARE COMMUNITY No		Note: Reported restictions deno	ieu vy 1	TOTALS	92
LIFE CARE FACILITY	No		Total Res	idents Diagnosed as Mentally III	0

	LICENSED	ADMISSIONS AND DISCHARGES - 2010								
		PEAK	PEAK						DISCHARGES - 2010	•
	LICENSED	BEDS	BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	Residents on 1/1/2010	79
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Total Admissions 2010	545
Nursing Care	142	142	112	142	92	50	48	39	Total Discharges 2010	532
Skilled Under 22	0	0	0	0	0	0		0	Residents on 12/31/2010	92
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	142	142	112	142	92	50	48	39		

LEVEL OF CARE	Medi Pat. days		Medi Pat. days	caid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8786	50.1%	1067	6 75.0%	6 0	756	13868	0	34086	65.8%	65.8%
Skilled Under 22				0 0.0%	6 0	0	0	0	0	0.0%	0.0%
Intermediate DD				0.09	6 0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	878	6 50.1%	1067	6 75.09	% 0	756	13868	0	34086	65.8%	65.8%

	NURSIN	IG CARE	SKL U	NDER 22	INTER	MED. DD	SHE	TERED	T	DTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	14	22	0	0	0	0	0	0	14	22	36
85+	6	45	0	0	. 0	0	0	0	6	45	51
TOTALS	23	69	0	0	0	0	0	0	23	69	92

ROSEWOOD CARE CENTER INVERNESS

1800 COLONIAL PARKWAY

INVERNESS, IL. 60067

Reference Numbers Facility ID 6014633

Health Service Area 007 Planning Service Area 701

RESIDENTS	BY PAYMEN	T SOURCE AND	LEVEL OF CARE
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AVERAGE	DAILY	PAYMENT	RATES
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	· · · · · · · · · · · · · · · · · · ·									
LEVEL			Other		Private	Charity		LEVEL OF CARE	SINGLE	DOUBLE
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	Nursing Care	151	136
Nursing Care	22	26	0	1	43	0	92	Skilled Under 22	0	0
Skilled Under 22	0	0	0	0	0	0	0	Intermediate DD	0	0
ICF/DD		0	0	0	0	0	0	Shelter	0	0
Sheltered Care			0	0	0	0	0			
TOTALS	22	26	0	1	43	0	92			

RES	IDENTS BY RA	CIAL/ETHNIC	ITY GROUP	ING		STAFFI	NG
RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals	EMPLOYMENT	FULL-TIME
Asian	1	0	0	0	1	CATEGORY	EQUIVALENT
Amer, Indian	0	0	0	0	0	Administrators	1.00
Black	0	0	0	0	0	Physicians	0.00
Hawaiian/Pac. Isl.	0	0	0	0	. 0	Director of Nursing	1.00
White	91	0	0	0	91	Registered Nurses	19.00
Race Unknown	0	0	0	0	0	LPN's	12.00
Total	92	0	0	0	92	Certified Aides	44.00
70001	0.2	Ü	ŭ	•	-	Other Health Staff	8.00
ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals	Non-Health Staff	42.00
Hispanic	0	0	0	0	0	Totals	127.00
Non-Hispanic	0	0	0	0	0		
Ethnicity Unknown	92	0	0	0	92		
Total	92	0	0	0	92		

AND AND AND AND AND ALL AND	NET REVEN	IIF RY PAYOR	SOURCE (Fiscal Yea	r Data)		Charity	Charity Care
	***************************************	OLD!!AION		. watar		Care	Expense as % of
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense*	Total Net Revenue
49.0%	13.6%	0.0%	2.9%	34.6%	100.0%		0.0%
3,916,728	1,085,832	0	227,882	2,763,592	7,994,034	0	

^{*}Charity Expense does not include expenses which may be considered a community benefit.



1800 W Colonial Pkwy

Inverness, IL 60067-1216 19.63 miles / 30 minutes Notes

Rosewood Care Center Inverness



Terra Cotta Rd & II Route 176, Crystal Lake, IL 60012

1. Start out going east on IL-176 / E Terra Cotta Ave toward Mistwood Ln. Map 0.5 Mi

0.5 Mi Total

2. Turn **right** onto **IL-31 S**. <u>Map</u>

5.8 Mi

6.3 Mi Total

3. Turn left onto Algonquin Rd / IL-62. Map 12.9 Mi

4. Turn left onto S Roselle Rd. Map

0.4 Mi

19.5 Mi Total

5. Turn left onto W Colonial Pky Man

5. Turn **left** onto **W Colonial Pky**. <u>Map</u> 19.6 *Mi Total*

6. 1800 W COLONIAL PKWY. Map

1800 W Colonial Pkwy, Inverness, IL 60067-1216

Total Travel Estimate: 19.63 miles - about 30 minutes

The Health Center at Sedgebrook		ADMISSION RESTRICTION)NS	RESIDENTS BY PRIMARY DIAGN	OSIS
960 AUDUBON WAY		Aggressive/Anti-Social	0	DIAGNOSIS	0,0
LINCOLNSHIRE, IL. 60069		Chronic Alcoholism	0	Neoplasms	0
Reference Numbers Facility ID 60°	16356	Developmentally Disabled	1	Endocrine/Metabolic	0
Health Service Area 008 Planning Se	rvice Area 097	Drug Addiction	0	Blood Disorders	0
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	1
Denise Dale		Medicare Recipient	0	Alzheimer Disease	11
Contact Borner and Talantan		Mental Illness	1	Mental Illness	0
Contact Person and Telephone Denise Dale		Non-Ambulatory	0	Developmental Disability	0
347/876-2405		Non-Mobile	0	Circulatory System	4
71/0/0-2403	Date	Public Aid Recipient	0	Respiratory System	3
Registered Agent Information	Completed	Under 65 Years Old	0	Digestive System	0
	3/1/2011	Unable to Self-Medicate	0	Genitourinary System Disorders	0
		Ventilator Dependent	1	Skin Disorders	0
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	4
ACILITY OWNERSHIP		Other Restrictions	0	Injuries and Poisonings	0
IMITED LIABILITY CO		No Restrictions	0	Other Medical Conditions	0
CONTINUING CARE COMMUNITY	.,	Note: Reported restictions deno	tad by 'I'	Non-Medical Conditions	0
IFE CARE FACILITY	Yes	woie. Reported restictions deno	ied by 1	TOTALS	23
LIFE CARE FAULLIT	Yes		Total Res	idents Diagnosed as Mentally III	0

	LICENSED	BEDS, BE	DS IN US	E, MEDICA	RE/MEDIC	CAID CERTIFIE	D BEDS		ADMISSIONS AND DISCHARGES - 2010	
		PEAK	PEAK						DISCHARGES - 2010	•
LEVEL OF CARE	LICENSED BEDS	BEDS SET-UP	BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010 Total Admissions 2010	15 201
Nursing Care	44	44	25	44	23	21	44	2	Total Discharges 2010	193
Skilled Under 22	0	0	0	0	0	0		0	Residents on 12/31/2010	23
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care TOTAL BEDS	44	44	0 25	44	23	21	44		Identified Offenders	0

LEVEL OF CARE	Medi Pat. days		Med Pat. days	icaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4363	27.2%		0.09	% 0	415	4167	0	8945	55.7%	55.7%
Skilled Under 22				0.09	% 0	0	0	0	0	0.0%	0.0%
Intermediate DD				0.09	% 0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	436	3 27.2%		0.0	% 0	415	4167	0	8945	55.7%	55.7%

	NURSIN	IG CARE	SKL U	NDER 22	INTER	RMED. DD	SHEL	TERED	Te	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	. 0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	1	0	0	0	0	0	0	1	1	2
75 to 84	3	9	0	0	0	0	0	0	3	9	12
85+	2	7	0	0	0	0	0	0	2	7	9
TOTALS	6	17	0	0	0	0	0	0	6	17	23

The Health Center at Sedgebrook

960 AUDUBON WAY

LINCOLNSHIRE, IL. 60069

Reference Numbers Facility ID 6016356

Health Service Area 008 Planning Service Area 097

RE	SIDENTS B'	Y PAYMENT	SOURC	E AND LEV	EL OF CA	RE		AVERAGE DAIL	Y PAYMENT	RATES
LEVEL			Other		Private	Charity		LEVEL OF CARE	SINGLE	DOUBLE
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	Nursing Care	299	0
Nursing Care	8	0	0	0	15	0	23	Skilled Under 22	0	0
Skilled Under 22	0	0	0	0	0	0	0	Intermediate DD	0	0
ICF/DD		0	0	0	0	0	0	Shelter	0	0
Sheltered Care			0	0	0	0	0			
TOTALS	8	. 0	0	0	15	0	23			

	RESIDENTS BY RA	ACIAL/ETHNIC	ITY GROUP	PING		STAFFI	NG
RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals	EMPLOYMENT	FULL-TIME
Asian	0	0	0	0	0	CATEGORY	EQUIVALENT
Amer. Indian	0	0	0	0	0	Administrators	1.00
Black	0	0	0	0	0	Physicians	0.80
Hawaiian/Pac. Isl.	. 0	0	0	0	0	Director of Nursing	1.00
White	23	0	0	0	23	Registered Nurses	5.60
Race Unknown	0	0	0	0	0	LPN's	2.80
Total	23	0	0	0	23	Certified Aides	22.40
		ŭ	ŭ	ŭ	20	Other Health Staff	5.00
ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals	Non-Health Staff	12.70
Hispanic	0	0	0	0	0	Totals	51.30
Non-Hispanic	23	0	0	0	23		
Ethnicity Unknown	0	0	0	0	0		
Total	23	0	0	0	23		

	NET REVEN	UE BY PAYOR	SOURCE (Fiscal Yea	ır Data)		Charity	Charity Care
			(,		Care	Expense as % of
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense*	Total Net Revenue
63.4%	0.0%	0.0%	7.6%	29.0%	100.0%		0.0%
421,394	0	0	50,446	192,463	664,303	0	

^{*}Charity Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW

11/19/2010 Change of ownership occurred.

Name Change

11/19/2010 Name changed from Renaissance Gardens Sedgebrook.



960 Audubon Way

Lincolnshire, IL 60069-3886 22.51 miles / 39 minutes Notes
Sedgebrook Health Center

4	

Terra Cotta Rd & II Route 176, Crystal Lake, IL 60012

1. Start out going east on IL-176 / ETerra Cotta Ave toward Mistwood Ln. Map 1. Min		1	Terra Colla Na a in Noute 170, Oryona Euro, in 300 12	
2. Turn right onto IL-31 S. Map 3. Take the US-14 ramp. Map 4. Turn left onto US-14 / Northwest Hwy. Continue to follow US-14. Map 4. Turn left onto IL-22 E. Map 5. Turn left onto IL-22 E. Map 14.5 Mi 21.4 Mi Total 6. Turn right onto Milwaukee Ave / US-45 / IL-21. Map 7. Turn left onto Audubon Way. Map 8. Turn right to stay on Audubon Way. Map 9. 960 AUDUBON WAY is on the right. Map			1. Start out going east on IL-176 / E Terra Cotta Ave toward Mistwood Ln. Map	0.5 Mi
RAMP 3. Take the US-14 ramp. Map 4. Turn left onto US-14 / Northwest Hwy. Continue to follow US-14. Map 4. Turn left onto IL-22 E. Map 5. Turn left onto IL-22 E. Map 14.5 Mi 21.4 Mi Total 6. Turn right onto Milwaukee Ave / US-45 / IL-21. Map 7. Turn left onto Audubon Way. Map 8. Turn right to stay on Audubon Way. Map 9. 960 AUDUBON WAY is on the right. Map				0.5 Mi Total
3. Take the US-14 ramp. Map 3. Take the US-14 ramp. Map 4. Turn left onto US-14 / Northwest Hwy. Continue to follow US-14. Map 4. S Mi 6.9 Mi Total 5. Turn left onto IL-22 E. Map 14.5 Mi 21.4 Mi Total 6. Turn right onto Milwaukee Ave / US-45 / IL-21. Map 7. Turn left onto Audubon Way. Map 8. Turn right to stay on Audubon Way. Map 9. 960 AUDUBON WAY is on the right. Map		Kormil	2. Turn right onto IL-31 S. Map	1.4 Mi
2.1 Mi Total 4. Turn left onto US-14 / Northwest Hwy. Continue to follow US-14. Map 4.8 Mi 6.9 Mi Total 5. Turn left onto IL-22 E. Map 14.5 Mi 21.4 Mi Total 6. Turn right onto Milwaukee Ave / US-45 / IL-21. Map 7. Turn left onto Audubon Way. Map 0.06 Mi 22.4 Mi Total 8. Turn right to stay on Audubon Way. Map 0.08 Mi 22.5 Mi Total 9. 960 AUDUBON WAY is on the right. Map		31,		1.9 Mi Total
4. Turn left onto US-14 / Northwest Hwy. Continue to follow US-14. Map 4.8 Mi 6.9 Mi Total 5. Turn left onto IL-22 E. Map 14.5 Mi 21.4 Mi Total 6. Turn right onto Milwaukee Ave / US-45 / IL-21. Map 7. Turn left onto Audubon Way. Map 0.06 Mi 22.4 Mi Total 8. Turn right to stay on Audubon Way. Map 9. 960 AUDUBON WAY is on the right. Map	Dawn]		3. Take the US-14 ramp. Map	0.2 Mi
6.9 Mi Total 5. Turn left onto IL-22 E. Map 6.9 Turn right onto Milwaukee Ave / US-45 / IL-21. Map 7. Turn left onto Audubon Way. Map 8. Turn right to stay on Audubon Way. Map 9. 960 AUDUBON WAY is on the right. Map	KAMP		1 Materialist	2.1 Mi Total
5. Turn left onto IL-22 E. Map 14.5 Mi 21.4 Mi Total 6. Turn right onto Milwaukee Ave / US-45 / IL-21. Map 7. Turn left onto Audubon Way. Map 8. Turn right to stay on Audubon Way. Map 9. 960 AUDUBON WAY is on the right. Map	A		4. Turn left onto US-14 / Northwest Hwy. Continue to follow US-14. Map	4.8 Mi
21.4 Mi Total 6. Turn right onto Milwaukee Ave / US-45 / IL-21. Map 7. Turn left onto Audubon Way. Map 8. Turn right to stay on Audubon Way. Map 9. 960 AUDUBON WAY is on the right. Map	77	(14)	•	6.9 Mi Total
6. Turn right onto Milwaukee Ave / US-45 / IL-21. Map 7. Turn left onto Audubon Way. Map 8. Turn right to stay on Audubon Way. Map 9. 960 AUDUBON WAY is on the right. Map	Ann	NEAST Y	5. Turn left onto IL-22 E. Map	14.5 Mi
7. Turn left onto Audubon Way. Map 8. Turn right to stay on Audubon Way. Map 9. 960 AUDUBON WAY is on the right. Map	44	22		21.4 Mi Total
7. Turn left onto Audubon Way. Map 7. Turn left onto Audubon Way. Map 8. Turn right to stay on Audubon Way. Map 9. 960 AUDUBON WAY is on the right. Map		money	6. Turn right onto Milwaukee Ave / US-45 / IL-21. Map	1.0 Mi
8. Turn right to stay on Audubon Way. Map 9. 960 AUDUBON WAY is on the right. Map		45		22.4 Mi Total
8. Turn right to stay on Audubon Way. Map 9. 960 AUDUBON WAY is on the right. Map	4		7. Turn left onto Audubon Way. Map	0.06 Mi
9. 960 AUDUBON WAY is on the right. Map	**		· · · · · · · · · · · · · · · · · · ·	22.4 Mi Total
9. 960 AUDUBON WAY is on the right. Map			8. Turn right to stay on Audubon Way. Map	0.08 Mi
				22.5 Mi Total
960 Audubon Way, Lincolnshire, IL 60069-3886			9. 960 AUDUBON WAY is on the right. Map	
960 Audubon Way, Lincolnshire, IL 60069-3886				
THE SECOND THE SECOND S		(3)	960 Audubon Way, Lincolnshire, IL 60069-3886	

Total Travel Estimate: 22.51 miles - about 39 minutes

	L-OALLINDAR I EA	A 2010 SHELIERING UAK	ANNA SANSA SAN	ISLAND LAKE	PRINCIPAL DESIGNATION OF THE PARTY OF THE PA	
SHELTERING OAK		ADMISSION RESTRICTION	ONS	RESIDENTS BY PRIMARY DIAGN	osis	
P.O. BOX 367		Aggressive/Anti-Social	1	DIAGNOSIS		
ISLAND LAKE, IL. 60042		Chronic Alcoholism	1	Neoplasms	0	
•	08585	Developmentally Disabled	1	Endocrine/Metabolic	0	
Health Service Area 008 Planning Se	rvice Area 097	Drug Addiction	1	Blood Disorders	0	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	0	
Joseph Agnello		Medicare Recipient	1	Alzheimer Disease	0	
Contrat Dames and Telester		Mental Illness	0	Mental Illness	61	
Contact Person and Telephone JOE AGNELLO		Non-Ambulatory	1	Developmental Disability	1	
847-526-3636		Non-Mobile	0	Circulatory System	0	
047-020-0000	Date	Public Aid Recipient	0	Respiratory System	0	
Registered Agent Information	Completed	Under 65 Years Old	0	Digestive System	0	
John Verchota	2/11/2011	Unable to Self-Medicate	0	Genitourinary System Disorders	0	
444 N. Route 31, Suite 104		Ventilator Dependent	1	Skin Disorders	0	
Crystal Lake, IL 60012		Infectious Disease w/ Isolation	1	Musculo-skeletal Disorders	0	
FACILITY OWNERSHIP		Other Restrictions	0	Injuries and Poisonings	0	
FOR-PROF CORPORATION		No Restrictions	0	Other Medical Conditions	0	
CONTINUING CARE COMMUNITY		Note: Reported restictions deno		Non-Medical Conditions	0	
LIFE CARE FACILITY	No	Note. Reported restrictions denot	iea by T	TOTALS	62	
LIFE GAME PAGILITY	No		Total Residents Diagnosed as Mentally III			

	LICENSED			E, MEDICA	RE/MEDIC	CAID CERTIFIE	ED BEDS		ADMISSIONS AND DISCHARGES - 2010	
LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010 Total Admissions 2010	69 14
Nursing Care Skilled Under 22 Intermediate DD	70 0	70 0	69 0	69 0	62 0	8	0	70 0	Total Discharges 2010 Residents on 12/31/2010	21 62
Sheltered Care TOTAL BEDS	0 70	0 0 70	0 0 69	0 0 69	0 0 62	0 0 8	0	70	Identified Offenders	2

LEVEL OF CARE	Med Pat. days		_	Medi Pat. days		Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care		0	0.0%	2316	9 90.79	% 0	0	206	0	23375	91.5%	91.5%
Skilled Under 22					0.09	% 0	0	0	0	0	0.0%	0.0%
intermediate DD					0.09	% 0	0	0	0	0	0.0%	0.0%
Sheltered Care						0	0	0	0	0	0.0%	0.0%
TOTALS		0	0.0%	2316	9 90.7	% 0	0	206	0	23375	91.5%	91.5%

	NURSIN	IG CARE	SKL UNDER 22		INTER	INTERMED. DD		SHELTERED		TOTAL		
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL	
Under 18	0	0	0	0	0	0	0	0	0	0	0	
18 to 44	2	1	0	0	0	0	0	0	2	1	3	
45 to 59	15	9	0	0	0	0	0	0	15	9	24	
60 to 64	6	3	0	0	0	0	0	0	6	3	9	
65 to 74	7	9	0	0	0	0	0	0	7	9	16	
75 to 84	2	6	0	0	0	0	0	0	2	6	8	
85+	1	1	0	0	0	0	0	0	1	1	2	
TOTALS	33	29	0	0	0	0	0	0	33	29	62	

SHELTERING OAK

P.O. BOX 367

ISLAND LAKE, IL. 60042

Reference Numbers Facility ID 6008585

Health Service Area 008 Planning Service Area 097

RE	SIDENTS B	Y PAYMENT	AVERAGE DAILY PAYMENT RAT							
LEVEL			Other		Private	Charity		LEVEL OF CARE	SINGLE	DOUBLE
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	Nursing Care	105	100
Nursing Care	0	61	0	0	1	0	62	Skilled Under 22	0	0
Skilled Under 22	0	0	0	0	0	0	0	Intermediate DD	0	0
ICF/DD		0	0	0	0	0	0	Shelter	0	0
Sheltered Care			0	0	0	0	0			
TOTALS	0	61	0	0	1	0	62			
THE RESIDENCE OF A SECOND PORT OF THE PROPERTY OF	enconvence and the state	THE THE PERSON NAMED OF THE PE	REAL PROPERTY AND ADDRESS OF	CONTRACTOR OF THE RESERVE	MATERIOLOGICAL CONTROLOGICA	CLASS KARLO POR SERVICE		add general properties all contracts and the state of the	PROFESSIONAL PROFE	e et autamétriseid i opt miljer aus (de

RES	IDENTS BY RA	CIAL/ETHNIC	ITY GROUP	ING		STAFFI	NG
RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals	EMPLOYMENT	FULL-TIME
Asian	0	0	0	0	0	CATEGORY	EQUIVALENT
Amer. Indian	1	0	0	0	1	Administrators	1.00
Black	0	0	0	0	0	Physicians	0.00
Hawaiian/Pac. Isl.	0	0	0	0	0	Director of Nursing	1.00
White	61	0	0	0	61	Registered Nurses	4.60
Race Unknown	0	0	0	0	0	LPN's	2.60
Total	62	0	0	0	62	Certified Aides	11.20
10101	-	Č	ŭ	·	V 2.	Other Health Staff	6.00
ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals	Non-Health Staff	10.50
Hispanic	2	0	0	0	2	Totals	36.90
Non-Hispanic	60	0	0	0	60		
Ethnicity Unknown	0	0	0	0	0		
Total	62	0	0	0	62		

,	NET REVEN	HE BY PAYOR	SOURCE (Fiscal Yea	r Data)		Charity	Charity Care
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OLDI INION				Care	Expense as % of
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense*	Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	2,257,731	0	0	0	2,257,731	0	

^{*}Charity Expense does not include expenses which may be considered a community benefit.



27888 N Beech St

Island Lake, IL 60042-8402 6.72 miles / 11 minutes

	otes	
1	Stellering	OW
	THER IN	CALP.



Terra Cotta Rd & II Route 176, Crystal Lake, IL 60012

1. Start out going east on IL-176 / E Terra Cotta Ave toward Mistwood Ln. Map

0.5 Mi

0.5 Mi Total

1 (176)

2. Turn slight left onto IL-176. Map

6.0 Mi

6.5 Mi Total

3. Turn right onto Beech St. Map

4. 27888 N BEECH ST is on the right. Map

0.2 Mi

6.7 Mi Total

27888 N Beech St, Island Lake, IL 60042-8402

Total Travel Estimate: 6.72 miles - about 11 minutes

SHERMAN WEST COURT		ADMISSION RESTRICTION	NS	RESIDENTS BY PRIMARY DIAGN	OSIS
1950 LARKIN AVENUE		Aggressive/Anti-Social	1	DIAGNOSIS	
ELGIN, IL. 60123		Chronic Alcoholism	1	Neoplasms	0
Reference Numbers Facility ID 601	2827	Developmentally Disabled	1	Endocrine/Metabolic	1
Health Service Area 008 Planning Ser	vice Area 089	Drug Addiction	1	Blood Disorders	0
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	6
JOSEPH MCMANUS		Medicare Recipient	0	Alzheimer Disease	0
		Mental Illness	1	Mental Illness	0
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0
MARY LARIVIERE		Non-Mobile	0	Circulatory System	9
224-783-5289	Date	Public Aid Recipient	0	Respiratory System	4
Registered Agent Information	Completed	Under 65 Years Old	0	Digestive System	2
_	2/28/2011	Unable to Self-Medicate	0	Genitourinary System Disorders	0
		Ventilator Dependent	1	Skin Disorders	1
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	24
FACILITY OWNERSHIP		Other Restrictions	0	Injuries and Poisonings	2
NON-PROF CORPORATION		No Restrictions	0	Other Medical Conditions	38
		Note: Reported restictions deno	tad by 'II'	Non-Medical Conditions	0
CONTINUING CARE COMMUNITY	No	Note. Reported restictions deno	ieu by 1	TOTALS	87
LIFE CARE FACILITY	No		Total Res	idents Diagnosed as Mentally III	0

	LICENSED	BEDS, BE	ADMISSIONS AND DISCHARGES - 2010	,						
		PEAK	PEAK						DISCHARGES - 2010	,
	LICENSED	BEDS	BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	Residents on 1/1/2010	75
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Total Admissions 2010	647
Nursing Care	112	112	102	112	87	25	54	20	Total Discharges 2010	635
Skilled Under 22	0	0	0	0	0	0		0	Residents on 12/31/2010	87
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0			Identified Offenders	1
TOTAL BEDS	112	112	102	112	87	25	54	20		

LEVEL OF CARE	Medi Pat. days		Med Pat. days		Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	13499	68.5%	237	2 32.5%	6 0	1804	12411	10	30096	73.6%	73.6%
Skilled Under 22				0 0.0%	6 0	0	0	0	0	0.0%	0.0%
Intermediate DD				0 0.09	6 0	0	0	0	.0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1349	9 68.5%	237	2 32.59	% O	1804	12411	10	30096	73.6%	73.6%

	NURSIN	IG CARE	SKL U	NDER 22	INTERMED. DD SHELTERED TOTAL		OTAL	GRAND			
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	3	0	0	0	0	0	0	1	3	4
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	5	8	0	0	0	0	0	0	5	8	13
75 to 84	7	15	0	0	0	0	0	0	7	15	22
85+	9	39	0	0	0	0	0	0	9	39	48
TOTALS	22	65	0	0	0	0	0	0	22	65	87

SHERMAN WEST COURT

1950 LARKIN AVENUE

ELGIN, IL. 60123

Reference Numbers Facility ID 6012827

Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

AVEDAGE	DAILY	PAYMENT	RATES
AVERAGE	DAILT	PATMENT	RAICS

LEVEL			Other		Private	Charity		LEVEL OF CARE	SINGLE	DOUBLE
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	Nursing Care	201	171
Nursing Care	39	7	0	8	33	0	87	Skilled Under 22	0	0
Skilled Under 22	0	0	0	0	0	0	0	Intermediate DD	0	0
ICF/DD		0	0	0	0	0	0	Shelter	0	0
Sheltered Care			0	0	0	0	0			
TOTALS	39	7	0	8	33	0	87			

RES	IDENTS BY RA	CIAL/ETHNIC	ITY GROUP	ING		STAFFI	NG
RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals	EMPLOYMENT	FULL-TIME
Asian	1	0	0	0	1	CATEGORY	EQUIVALENT
Amer. Indian	0	0	0	0	0	Administrators	1.00
Black	0	0	0	0	0	Physicians	0.00
Hawaiian/Pac. Isl.	0	0	0	0	0	Director of Nursing	1.00
White	86	0	0	0	86	Registered Nurses	18.00
Race Unknown	0	0	0	0	0	LPN's	2.00
Total	87	0	0	0	87	Certified Aides	26.00
· otar	.	ŭ	•		٠.	Other Health Staff	0.00
ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals	Non-Health Staff	39.00
Hispanic	1	0	0	0	1	Totals	87.00
Non-Hispanic	86	0	0	0	86		
Ethnicity Unknown	0	0	0	0	0		
Total	87	0	0	0	87		

	NET REVEN	IIIF RY PAYOR	SOURCE (Fiscal Yea	r Natal		Charity	Charity Care
	7012 7 7011 7 111	OL DI LAI OIL	0001102 (1 10001 7 00	, Daw,		Care	Expense as % of
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense*	Total Net Revenue
58.0%	3.6%	0.0%	6.9%	31.5%	100.0%		0.1%
5,434,190	338,563	0	649,288	2,951,916	9,373,957	9,033	
*Charity Expense does no	ot include expense	s which may be	considered a commun	ity benefit.			

FACILITY NOTES

Bed Change

8/1/2010 Facility discontinued 8 nursing care beds; facility now has 112 nursing care beds.



Notes

Froman West Cart

Trip to:

1950 Larkin Ave

Elgin, IL 60123-5843 18.64 miles / 27 minutes



Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012

1. Start out going east on IL-176 / E Terra Cotta Ave toward Mistwood Ln. Map	0.5 Mi
	0.5 Mi Total
2. Turn right onto IL-31 S. Map	2.6 Mi 3.1 Mi Total
3. Turn right onto James R Rakow Rd / CR-A45 . Continue to follow James R Rakow Rd . <u>Map</u>	2.6 Mi 5.7 Mi Total
4. James R Rakow Rd becomes Randall Rd. Map	12.0 Mi 17.7 Mi Total
5. Turn left onto Foothill Rd. Map	0.7 Mi 18.4 Mi Total
6. Turn right onto N Airlite St. Map	0.02 Mi 18.4 Mi Total
7. Take the 1st left onto Larkin Ave. Map	0.2 Mi 18.6 Mi Total
8. 1950 LARKIN AVE is on the left. Map	
	2. Turn right onto IL-31 S. Map 3. Turn right onto James R Rakow Rd / CR-A45. Continue to follow James R Rakow Rd. Map 4. James R Rakow Rd becomes Randall Rd. Map 5. Turn left onto Foothill Rd. Map 6. Turn right onto N Airlite St. Map 7. Take the 1st left onto Larkin Ave. Map



1950 Larkin Ave, Elgin, IL 60123-5843

Total Travel Estimate: 18.64 miles - about 27 minutes

SOUTH ELGIN REHAB & HLTHCARE C	T	ADMISSION RESTRICTION	NS	RESIDENTS BY PRIMARY DIAGN	osis
746 SPRING STREET		Aggressive/Anti-Social	0	DIAGNOSIS	
SOUTH ELGIN, IL. 60177		Chronic Alcoholism	0	Neoplasms	0
Reference Numbers Facility ID 600	08718	Developmentally Disabled	0	Endocrine/Metabolic	4
Health Service Area 008 Planning Ser	rvice Area 089	Drug Addiction	0	Blood Disorders	0
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	7
MARY KARSON		Medicare Recipient	0	Alzheimer Disease	18
		Mental Illness	0	Mental illness	0
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	2
MARY KARSON		Non-Mobile	0	Circulatory System	11
847-697-0565	Date	Public Aid Recipient	0	Respiratory System	0
Registered Agent Information	Completed	Under 65 Years Old	0	Digestive System	2
Marikay L. Snyder	2/18/2011	Unable to Self-Medicate	0	Genitourinary System Disorders	0
830 West Trailcreek Drive		Ventilator Dependent	1	Skin Disorders	2
Peoria, IL 61614		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	13
FACILITY OWNERSHIP		Other Restrictions	1	Injuries and Poisonings	0
LIMITED LIABILITY CO		No Restrictions	0	Other Medical Conditions	5
		Note: Reported restictions deno	tad by 'I'	Non-Medical Conditions	0
CONTINUING CARE COMMUNITY	No	Note. Reported restituous deno	icu by 1	TOTALS	64
LIFE CARE FACILITY	No		Total Res	idents Diagnosed as Mentally ill	4

	LICENSED	BEDS, BE	DS IN US	E, MEDICA	RE/MEDI	CAID CERTIFIE	D BEDS		ADMISSIONS AND DISCHARGES - 2010	
		PEAK	PEAK						DISCHARGES - 2010	
LEVEL OF CARE	LICENSED BEDS	BEDS SET-UP	BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	57 77
Nursing Care	90	80	67	80	64	26	14	90	Total Discharges 2010	70
Skilled Under 22	0	0	0	0	0	0		0	Residents on 12/31/2010	64
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0			identified Offenders	4
TOTAL BEDS	90	80	67	80	64	26	14	90		

LEVEL OF CARE	Medi Pat. days		Medi Pat. days		Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2175	42.6%	1515	4 46.19	6 497	163	2610	0	20599	62.7%	70.5%
Skilled Under 22				0 0.09	6 0	0	0	0	0	0.0%	0.0%
Intermediate DD				0 0.09	6 0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	217	5 42.6%	1515	4 46.19	% 497	163	2610	0	20599	62.7%	70.5%

	NURSIN	IG CARE	SKL U	NDER 22	INTER	RMED, DD	SHEL	TERED	Te	JATC	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	0	0	0	0	0	0	0	3	0	3
45 to 59	13	7	0	0	0	0	0	0	13	7	20
60 to 64	6	7	0	0	0	0	0	0	6	7	13
65 to 74	3	1	0	0	0	0	0	0	3	1	4
75 to 84	7	6	0	0	0	0	0	0	7	6	13
85+	1	10	0	0	0	0	0	0	1	10	11
TOTALS	33	31	0	0	0	0	0	0	33	31	64

SOUTH ELGIN REHAB & HLTHCARE CT

746 SPRING STREET

SOUTH ELGIN, IL. 60177

Reference Numbers Facility ID 6008718

Health Service Area 008 Planning Service Area 089

				E AND LEV				AVERAGE DAIL	MILS	
LEVEL OF CARE	Madinan	# # 2 2 - 4	Other		Private	Charity		LEVEL OF CARE	SINGLE	DOUBLE
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	Nursing Care	208	138
Nursing Care	5	44	1	3	11	0	64	Skilled Under 22	0	0
Skilled Under 22	0	0	0	0	0	0	0	Intermediate DD	0	0
ICF/DD		0	0	0	0	0	0	Shelter	0	0
Sheltered Care			0	0	0	0	0		•	•
TOTALS	5	44	1	3	11	0	64			

RES	DENTS BY RA	CIAL/ETHNIC	ITY GROUP	ING		STAFFI	NG
RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals	EMPLOYMENT	FULL-TIME
Asian	2	0	0	0	2	CATEGORY	EQUIVALENT
Amer. Indian	0	0	0	0	0	Administrators	1.00
Black	6	0	0	0	6	Physicians	0.00
Hawaiian/Pac. Isl.	0	0	0	0	0	Director of Nursing	1.00
White	56	0	0	0	56	Registered Nurses	7.00
Race Unknown	0	0	0	0	0	LPN's	1.00
Total	64	0	0	0	64	Certified Aides	11.00
ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals	Other Health Staff Non-Health Staff	1.00 13.00
Hispanic	4	0	0	0	4	Totals	35.00
Non-Hispanic	60	0	0	0	60	· orais	33.60
Ethnicity Unknown	0	0	0	0	0		
Total	64	0	0	0	64		

A STANDARD WAS AND RESIDENCE OF ALCOHOLOGY OF SHARE AND AN ADDRESS OF THE STANDARD OF THE STAN	Control and the state of the st	THE COLORS AND PROPERTY OF THE PARTY OF THE	IN HER WAR IN THE PROPERTY OF	CONTRACTOR DE LA CONTRA	PARTICIPATE TO THE STREET OF THE STREET STREET, THE STREET STREET STREET STREET, THE STREET STREET STREET STREET, THE STREET STREET STREET STREET, THE STR	615.0 PT 612.000.000 1.0 17.00 19.00 19.00 00.00	OF THE PERSON AND A PROPERTY OF THE PERSON AND A PERSON A
	NET REVEN	IUE BY PAYOR	SOURCE (Fiscal Yea	ar Data)		Charity	Charity Care
			•	,		Care	Expense as % of
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense*	Total Net Revenue
40.7%	48.7%	0.0%	2.0%	8.6%	100.0%	•	0.0%
1,790,902	2,142,595	0	88,534	380,710	4,402,741	0	
rok alter E							

^{*}Charity Expense does not include expenses which may be considered a community benefit.



746 W Spring St

South Elgin, IL 60177-1424 22.13 miles / 32 minutes Notes

South Elgin Petrob & Health Core Center



Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012

		Terra Colla Ru & II Route 170, Orystal Edito, in 000 12	
		1. Start out going east on IL-176 / E Terra Cotta Ave toward Mistwood Ln. Map	0.5 Mi
and the second			0.5 Mi Total 2.6 Mi
**	5047H 31	2. Turn right onto IL-31 S. Map	3.1 Mi Total
r		3. Turn right onto James R Rakow Rd / CR-A45 . Continue to follow James R Rakow Rd . <u>Map</u>	2.6 Mi 5.7 Mi Total
1		4. James R Rakow Rd becomes Randall Rd. Map	14.8 Mi 20.5 Mi Total
49		5. Turn sharp left onto Hopps Rd. Map	0.5 Mi 21.0 Mi Total
1		6. Hopps Rd becomes W Spring St. Map	1.1 Mi 22.1 Mi Total
		7. 746 W SPRING ST is on the left. Map	

(2)

746 W Spring St, South Elgin, IL 60177-1424

Total Travel Estimate: 22.13 miles - about 32 minutes

ILLINUIS LUNG-TERM CARE PROFILE	E-CALENDAR YEAR	R 2010 VILLAGE AT VICTORY LA	KES, IHE	LINDENHURST	
VILLAGE AT VICTORY LAKES, THE		ADMISSION RESTRICTED	ONS	RESIDENTS BY PRIMARY DIAGN	osis
1055 EAST GRAND AVENUE		Aggressive/Anti-Social	1	DIAGNOSIS	
LINDENHURST, IL. 60046		Chronic Alcoholism	1	Neoplasms	0
Reference Numbers Facility ID 601	1332	Developmentally Disabled	0	Endocrine/Metabolic	1
Health Service Area 008 Planning Ser	vice Area 097	Drug Addiction	1	Blood Disorders	3
Administrator		Medicald Recipient	0	*Nervous System Non Alzheimer	2
THOMAS SKIRVEN		Medicare Recipient	0	Alzheimer Disease	5
Control Brown and Tile I		Mental Illness	0	Mental Illness	7
Contact Person and Telephone FRANCES LACHOWICZ		Non-Ambulatory	0	Developmental Disability	0
847-356-5900		Non-Mobile	0	Circulatory System	16
047-330-3900	Date	Public Aid Recipient	0	Respiratory System	9
Registered Agent Information	Completed	Under 65 Years Old	0	Digestive System	0
	2/28/2011	Unable to Self-Medicate	0	Genitourinary System Disorders	6
		Ventilator Dependent	1	Skin Disorders	2
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	4
FACILITY OWNERSHIP		Other Restrictions	0	Injuries and Poisonings	1
NON-PROF CORPORATION		No Restrictions	0	Other Medical Conditions	41
CONTINUING CARE COMMUNITY	A 1-	Note: Reported restictions deno	tad by 'I'	Non-Medical Conditions	1
LIFE CARE FACILITY	No	поле. Керопеа гезисионя аено	icu vy 1	TOTALS	98
LIFE CARE FACILITY	No		Total Res	dents Diagnosed as Mentally III	7

	LICENSED	BEDS, BE	DS IN US	E, MEDICA	RE/MEDI	CAID CERTIFIE	ED BEDS		ADMISSIONS AND	
		PEAK	PEAK						DISCHARGES - 2010	,
LEVEL OF CARE	LICENSED BEDS	BEDS SET-UP	BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010 Total Admissions 2010	77 812
Nursing Care	120	120	110	120	98	22	120	24	Total Discharges 2010	791
Skilled Under 22	0	0	0	0	0	0		0	Residents on 12/31/2010	98
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	120	120	110	120	98	22	120	24		

LEVEL OF CARE	Medi Pat. days		Medi Pat. days		Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	16332	37.3%	538	5 61.5%	6 0	1003	16162	0	38882	88.8%	88.8%
Skilled Under 22				0 0.0%	6 0	0	0	0	0	0.0%	0.0%
Intermediate DD				0 0.0%	6 0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1633	2 37.3%	538	5 61.59	% O	1003	16162	0	38882	88.8%	88.8%

	NURSIN	IG CARE	SKL U	NDER 22	INTER	RMED. DD	SHEL	TERED	Ţ	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	3	0	0	0	0	0	o	0	3	3
60 to 64	3	0	0	0	0	0	0	0	3	0	3
65 to 74	7	6	0	0	0	0	0	0	7	6	13
75 to 84	11	23	0	0	0	0	0	0	11	23	34
85+	12	33	0	0	0	0	0	0	12	33	45
TOTALS	33	65	0	0	0	0	0	0	33	65	98

VILLAGE AT VICTORY LAKES, THE

1055 EAST GRAND AVENUE

LINDENHURST, IL. 60046

Reference Numbers Facility ID 6011332

Health Service Area 008 Planning Service Area 097

RESIDENTS	BY	PAYMENT	SOURCE	AND	LEVEL	OF C	CARE
-----------	----	---------	--------	-----	-------	------	------

RE	SIDENTS B	Y PAYMENT	rsourc	E AND LEV	EL OF CA	RE		AVERAGE DAIL	/ PAYMENT	RATES
LEVEL			Other		Private	Charity		LEVEL OF CARE	SINGLE	DOUBLE
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	Nursing Care	323	242
Nursing Care	45	12	0	4	37	0	98	Skilled Under 22	0	0
Skilled Under 22	0	0	0	0	0	0	0	Intermediate DD	0	0
ICF/DD		0	0	0	0	0	0	Shelter	0	0
Sheltered Care			0	0	0	0	0			
TOTALS	45	12	0	4	37	0	98			

RES	IDENTS BY RA	CIAL/ETHNIC	ITY GROUP	ING		STAFFI	NG
RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals	EMPLOYMENT	FULL-TIME
Asian	1	0	0	0	1	CATEGORY	EQUIVALENT
Amer. Indian	0	0	0	0	0	Administrators	1.00
Black	2	0	0	0	2	Physicians	0.20
Hawaiian/Pac. Isl.	0	0	0	0	0	Director of Nursing	1.00
White	95	0	0	0	95	Registered Nurses	18.00
Race Unknown	0	0	0	0	0	LPN's	5.00
Total	98	0	0	0	98	Certified Aides	44.00
			•	ū		Other Health Staff	15.00
ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals	Non-Health Staff	25.00
Hispanic	1	0	0	0	1	Totals	109.20
Non-Hispanic	97	0	0	0	97		
Ethnicity Unknown	0	0	0	0	0		
Total	98	0	0	0	98		

	NET REVEN	UE BY PAYOR	SOURCE (Fiscal Yea	r Data)		Charity	Charity Care
						Care	Expense as % of
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense*	Total Net Revenue
53.0%	2.6%	0.0%	5.7%	38.7%	100.0%		0.0%
5,226,469	260,345	0	559,813	3,814,978	9,861,605	0	

^{*}Charity Expense does not include expenses which may be considered a community benefit.



1055 E Grand Ave

Lindenhurst, IL 60046-9007 22.76 miles / 39 minutes Notes

The Village at Victory Lakes



Terra Cotta Rd & II Route 176, Crystal Lake, IL 60012

		Total Colla Hara Carlotte Carl	
		1. Start out going east on IL-176 / ETerra Cotta Ave toward Mistwood Ln. Map	0.5 Mi 0.5 Mi Total
4	176	2. Turn slight left onto IL-176 . Map	4.9 Mi 5.4 Mi Total
4		3. Turn left onto S River Rd / CR-V45. Map	0.2 Mi 5.6 Mi Total
		4. Take the 1st right onto W Burnett Rd. Map	1.6 Mi 7.2 Mi Total
4		5. Turn left onto N Darrell Rd / Darrell Rd. Continue to follow N Darrell Rd. Map	1.0 Mi 8.2 Mi Total
(*)		6. Take the 1st right onto W Case Rd . <u>Map</u>	1.0 Mi 9.2 Mi Total
47	हरू इ.स	7. Turn left onto US-12 W / IL-59 N. Continue to follow IL-59 N. Map	10.0 Mi 19.2 Mi Total
(*)	132	8. Turn right onto IL-132 . <u>Map</u>	3.6 Mi 22.8 Mi Total
		0. 1055 E CRAND AVE is on the right. Man	

9. 1055 E GRAND AVE is on the right. $\underline{\text{Map}}$



1055 E Grand Ave, Lindenhurst, IL 60046-9007

Total Travel Estimate: 22.76 miles - about 39 minutes

THE WEALSHIRE		ADMISSION RESTRICTIO	NS	RESIDENTS BY PRIMARY DIAGN	IOSIS	
150 JAMESTOWN LANE		Aggressive/Anti-Social	0	DIAGNOSIS		
LINCOLNSHIRE, IL. 60069		Chronic Alcoholism	0	Neoplasms	2	
Reference Numbers Facility ID 6014	4377	Developmentally Disabled	0	Endocrine/Metabolic	3	
Health Service Area 008 Planning Sen	vice Area 097	Drug Addiction	1	Blood Disorders	2	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	1	
Jennifer Bebinger		Medicare Recipient	0	Alzheimer Disease	26	
		Mental Illness	0	Mental Illness	0	
ntact Person and Telephone NNIFER BEBINGER		Non-Ambulatory	0	Developmental Disability	0	
JENNIFER BEBINGER 847-883-9000		Non-Mobile	0	Circulatory System	17	
047-003-9000	Date	Public Aid Recipient	0	Respiratory System	5	
Registered Agent Information	Completed	Under 65 Years Old	0	Digestive System	3	
Mr. Lawrence Freedman	2/24/2011	Unable to Self-Medicate	0	Genitourinary System Disorders	0	
77 West Washington Street, Suite 1211		Ventilator Dependent	1	Skin Disorders	0	
Chicago, IL 60602		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	67	
FACILITY OWNERSHIP		Other Restrictions	0	Injuries and Poisonings	1	
LIMITED PARTNERSHIP		No Restrictions	0	Other Medical Conditions	3	
	NI.	Note: Reported restictions denoi	tad by 'I'	Non-Medical Conditions	0	
CONTINUING CARE COMMUNITY LIFE CARE FACILITY	No	Note. Reported restretions denot	eu oy 1	TOTALS	130	
LIFE CARE FACILITY	No		Total Res	otal Residents Diagnosed as Mentally III		

	LICENSED	BEDS, BE	DS IN US	E, MEDICA	RE/MEDIC	CAID CERTIFIE	D BEDS		ADMISSIONS AND DISCHARGES - 2010	
		PEAK	PEAK						DISCHARGES - 2010	
LEVEL OF CARE	LICENSED BEDS	BEDS SET-UP	BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010 Total Admissions 2010	116 464
Nursing Care	144	144	144	144	130	14	76	35	Total Discharges 2010	450
Skilled Under 22	0	0	0	0	0	0		0	Residents on 12/31/2010	130
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	144	144	144	144	130	14	76	35		

LEVEL OF CARE	Medi Pat. days		Medi Pat. days	caid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	17688	63.8%	698	6 54.7%	. 0	2427	17620	0	44721	85.1%	85.1%
Skilled Under 22				0 0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD				0.0%	. 0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1768	8 63.8%	698	6 54.79	6 0	2427	17620	0	44721	85.1%	85.1%

	NURSIN	IG CARE	SKL U	NDER 22	INTER	RMED. DD	SHE	TERED	Ţ	DTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	0	2	0	. 0	0	0	0	0	0	2	2
65 to 74	6	14	0	0	0	0	0	0	6	14	20
75 to 84	12	41	0	0	0	0	0	0	12	41	53
85+	12	40	0	0	0	0	0	0	12	40	52
TOTALS	31	99	0	0	0	0	0	0	31	99	130

THE WEALSHIRE

150 JAMESTOWN LANE

LINCOLNSHIRE, IL. 60069

Reference Numbers Facility ID 6014377

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

AVERAGE	DAILY	PAYMENT	RATES
AVERMOE	UMILI	L WI IMPERIOR	1//// 1///

1/1	SIDER IS B	LWINGIA	SOOM	IL WIST FES	EE OI OA	114		7476.0406 6746		
LEVEL			Other		Private	Charity		LEVEL OF CARE	SINGLE	DOUBLE
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	Nursing Care	260	210
Nursing Care	57	21	0	1	51	0	130	Skilled Under 22	0	0
Skilled Under 22	0	0	0	0	0	0	0	Intermediate DD	0	0
ICF/DD		0	0	0	0	0	0	Shelter	0	0
Sheltered Care			0	0	0	0	0			
TOTALS	57	21	0	1	51	0	130			

	RESIDENTS BY RA	CIAL/ETHNIC	ITY GROUP	ING		STAFFI	NG
RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals	EMPLOYMENT	FULL-TIME
Asian	4	0	0	0	4	CATEGORY	EQUIVALENT
Amer. Indian	0	0	0	0	0	Administrators	1.00
Black	0	0	0	0	0	Physicians	0.00
Hawaiian/Pac. Isl.	. 0	0	0	0	0	Director of Nursing	1.00
White	126	0	0	0	126	Registered Nurses	21.00
Race Unknown	0	0	0	0	0	LPN's	11.00
Total	130	0	0	0	130	Certified Aides	78.00
iotai	100	Ŭ	Ū	Ŭ	100	Other Health Staff	6.00
ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals	Non-Health Staff	31.00
Hispanic	0	0	0	0	0	Totals	149.00
Non-Hispanic	130	0	0	0	130		
Ethnicity Unknown	n 0	0	0	0	0		
Total	130	0	0	0	130		

THE PROPERTY OF THE PROPERTY O	THE RESERVE OF THE PROPERTY OF	OF THE OWNER OF THE OWNER, WHEN THE OWNER, WHE	de landare de la seu monte de la seu en la seu	COLUMN TENNERS SECTION	SANCTURE VIEW OF THE RESIDENCE OF THE PROPERTY	CONTRACTOR OF THE PROPERTY OF THE	CENTRAL PROPERTY AND HOLD BY CONCRETE THE PROPERTY OF THE PROP
	NET DEVEN	HE BY DAVAD	SOURCE (Fiscal Yea	r Data)		Charity	Charity Care
	MEINEVEN	ICE BI FAICK	SOUNCE (Fiscal Tea	, Duw,		Care	Expense as % of
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense*	Total Net Revenue
60.2%	6.7%	0.0%	6.9%	26.3%	100.0%		0.0%
8,843,376	981,157	0	1,016,055	3,860,409	14,700,997	0	

^{*}Charity Expense does not include expenses which may be considered a community benefit.



RAMP

150 Jamestown Ln

Lincolnshire, IL 60069-2119 22.04 miles / 38 minutes

Notes		
The	Wealshire	

Terra Cotta Rd & II Route 176, Crystal Lake, IL 60012

1. Start out going east on IL-176 / ETerra Cotta Ave toward Mistwood Ln. Map 0.5 Mi

0.5 Mi Total

1.4 Mi 2. Turn right onto IL-31 S. Map 1.9 Mi Total

0.2 Mi

3. Take the US-14 ramp. Map 2.1 Mi Total

4.8 Mi 4. Turn left onto US-14 / Northwest Hwy. Continue to follow US-14. Map

6.9 Mi Total

14.5 Mi 5. Turn left onto IL-22 E. Map 21.4 Mi Total

6. Turn left onto Milwaukee Ave / US-45 / IL-21. Continue to follow Milwaukee Ave / 22.0 Mi Total IL-21. Map

0.6 Mi

0.08 Mi 7. Turn right onto Jamestown Ln. Map 22.0 Mi Total

8. 150 JAMESTOWN LN is on the right. Map

150 Jamestown Ln, Lincolnshire, IL 60069-2119

Total Travel Estimate: 22.04 miles - about 38 minutes

TOWER HILL HEALTHCARE CENTER		ADMISSION RESTRICTION	vs	RESIDENTS BY PRIMARY DIAGN	osis
759 KANE STREET		Aggressive/Anti-Social	0	DIAGNOSIS	
SOUTH ELGIN, IL. 60177		Chronic Alcoholism	0	Neoplasms	1
Reference Numbers Facility ID 600	3263	Developmentally Disabled	0	Endocrine/Metabolic	13
Health Service Area 008 Planning Ser	rvice Area 089	Drug Addiction	0	Blood Disorders	5
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	4
JEREMY AMSTER		Medicare Recipient	0	Alzheimer Disease	8
JEREMIT AMSTER		Mental Iliness	0	Mental Illness	21
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0
CHERYL CARL		Non-Mobile	0	Circulatory System	35
847-982-2300	Date	Public Aid Recipient	0	Respiratory System	25
Desired Acoust Information	Completed	Under 65 Years Old	0	Digestive System	8
Registered Agent Information	2/25/2011	Unable to Self-Medicate	0	Genitourinary System Disorders	26
SHELDON WOLFE 7434 SKOKIE BLVD		Ventilator Dependent	0	Skin Disorders	2
SKOKIE, IL 60077		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	5
		Other Restrictions	0	Injuries and Poisonings	23
FACILITY OWNERSHIP		No Restrictions	1	Other Medical Conditions	6
LIMITED LIABILITY CO			. 17 +31	Non-Medical Conditions	0
CONTINUING CARE COMMUNITY	No	Note: Reported restictions denot	tea by T	TOTALS	182
LIFE CARE FACILITY	No		Total Res	idents Diagnosed as Mentally III	34

	and the second s	NATIONAL PROPERTY OF THE PROPE	NEWSCOND CONTRACTOR	A SOURCE AND ROOM STORE CONTROL	THE RESERVE OF THE PERSON NAMED IN	GENERAL STERNAR STERNAR STERNAR	CONTROL PROGRAMMENT AND ARREST CONTROL	CHARGE CONTRACTOR STATES	Property and the fact of the f	
SERVICE CONTRACTOR CON	LICENSED	BEDS, BEI	S IN US	E, MEDICA	RE/MEDIC	AID CERTIFIE	D BEDS		ADMISSIONS AND DISCHARGES - 2010)
LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010 Total Admissions 2010	191 134
Nursing Care	206	206	194	206	182	24	206	206	Total Discharges 2010	143
Skilled Under 22	0	0	0	0	0	0		0	Residents on 12/31/2010	182
Intermediate DD	0	0	0	0	0	0		0		0
Sheltered Care	0	0	0	0	0	0			Identified Offenders	2
TOTAL BEDS	206	206	194	206	182	24	206	206		

	Medi	care	Medi	caid	Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6835		5201	3 69.29	6 0	0	9889	0	68737	91.4%	91.4%
Skilled Under 22	0000	0.170	OLO!	0 0.09		0	0	0	0	0.0%	0.0%
Intermediate DD				0 0.09		0	0	0	0	0.0%	0.0%
Sheltered Care				0.0.	0	0	0	0	0	0.0%	0.0%
TOTALS	683	5 9.1%	5201	3 69.2	% 0	0	9889	0	68737	91.4%	91.4%
IUIALO	000	0.170	020,				and the second s			NAMES AND POST OF PERSONS ASSESSED.	SALES OF THE SALES OF THE SALES

	NURSIN	IG CARE	SKL U	NDER 22	INTER	RMED. DD	SHEL	TERED	TOTAL		GRAND	
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL	
Under 18	0	0	0	0	0	0	0	0	0	0	0	
18 to 44	0	0	0	0	0	0	0	0	0	0	0	
45 to 59	0	0	0	0	0	0	0	0	0	0	0	
60 to 64	0	4	0	0	0	0	0	0	0	4	4	
65 to 74	7	16	0	0	0	0	0	0	7	16	23	
75 to 84	18	41	0	0	0	0	0	0	18	41	59	
85+	21	75	0	0	0	0	0	0	21	75	96	
TOTALS	46	136	0	0	0	0	0	0	46	136	182	

TOWER HILL HEALTHCARE CENTER

759 KANE STREET

SOUTH ELGIN, IL. 60177

Reference Numbers Facility ID 6003263

Health Service Area 008 Planning Service Area 089

RESIDENTS	BY	PAYMENT	SOURCE	AND I	.EVEL	OF	CARE
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AVERAGE DAILY PAYMENT RATES

KE	SINEMIS D	L Latinization	SOUNC	IE WIND PEA	LL O: UM	3 14				
LEVEL			Other		Private	Charity		LEVEL OF CARE	SINGLE	DOUBLE
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	Nursing Care	180	160
Nursing Care	22	138	0	0	22	0	182	Skilled Under 22	0	0
Skilled Under 22	0	0	0	0	0	0	0	Intermediate DD	0	0
ICF/DD	_	0	0	0	0	0	0	Shelter	0	0
Sheltered Care			0	0	0	0	0			
TOTALS	22	138	0	0	22	0	182			
								THE RESERVE OF THE PROPERTY OF	THE PERSON NAMED IN TAXABLE PARTY.	MARKETON POWER HOLD CARE CONTROL OF THE

RES	IDENTS BY RA	CIAL/ETHNICI	TY GROUP		STAFFING		
RACE	Nursing	SklUnd22	ICF/DD	Shelter		EMPLOYMENT	FULL-TIME EQUIVALENT
Asian	0	0	0	0	0	CATEGORY	
Amer. Indian	n	0	0	0	0	Administrators	1.00
Black	6	0	0	0	6	Physicians	0.00
Hawaiian/Pac, Isl.	0	0	0	0	0	Director of Nursing	1.00
White	176	0	0	0	176	Registered Nurses	25.00
Race Unknown	n	n	0	0	0	LPN's	14.00
Race Olikhown					400	Certified Aides	85.00
Total	182	0	0	0	182	Other Health Staff	2.00
ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals	Non-Health Staff	76.00
Hispanic	10	0	0	0	10	Totals	204.00
Non-Hispanic	172	0	0	0	172		
Ethnicity Unknown	0	0	0	0	0		
Total	182	0	0	0	182		

	Charity Care	Charity Care Expense as % of					
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense*	Total Net Revenue
26.9%	60.1%	0.0%	0.0%	13.0%	100.0%		0.0%
2,884,904	6,446,800	0	0	1,389,367	10,721,071	0	



759 Kane St

South Elgin, IL 60177-1418 21.86 miles / 32 minutes

Notes

Taver Hill Healthcare Center



Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012

		TOTAL COUNTY	
		1. Start out going east on IL-176 / E Terra Cotta Ave toward Mistwood Ln. Map	0.5 Mi 0.5 Mi Total
(*)	South 31	2. Turn right onto IL-31 S. Map	2.6 Mi 3.1 Mi Total
r		3. Turn right onto James R Rakow Rd / CR-A45 . Continue to follow James R Rakow Rd . <u>Map</u>	2.6 Mi 5.7 Mi Total
1		4. James R Rakow Rd becomes Randall Rd. Map	14.0 Mi 19.7 Mi Total
4		5. Turn left onto Bowes Rd / CR-17. Map	1.1 Mi 20.8 Mi Total
p)		6. Turn right onto N McLean Blvd . <u>Map</u>	0.6 Mi 21.3 Mi Total
47		7. Turn left onto Kane St. Map	0.5 Mi 21.9 Mi Total
		8. 759 KANE ST is on the right . <u>Map</u>	
		759 Kane St. South Flgin II. 60177-1418	

Q

759 Kane St, South Elgin, IL 60177-1418

Total Travel Estimate: 21.86 miles - about 32 minutes

ILLINOIS LONG-TERM CARE PROP	ILE-CALENDAR TEAP	(2010 VALLET HI WORSHING HON	og and and an angle of the second		THE REAL PROPERTY AND ADDRESS OF THE PARTY AND
VALLEY HI NURSING HOME		ADMISSION RESTRICTIO	NS	RESIDENTS BY PRIMARY DIAGN	OSIS
2406 HARTLAND ROAD		Aggressive/Anti-Social	1	DIAGNOSIS	
WOODSTOCK, IL. 60098		Chronic Alcoholism	1	Neoplasms	1
Reference Numbers Facility ID	3009542	Developmentally Disabled	0	Endocrine/Metabolic	4
Health Service Area 008 Planning	Service Area 111	Drug Addiction	1	Blood Disorders	0
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	6
THOMAS ANNARELLA		Medicare Recipient	0	Alzheimer Disease	5
		Mental Illness	1	Mental Illness	2
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0
SHELLY LUNSFORD		Non-Mobile	0	Circulatory System	30
815-334-2808	Date	Public Aid Recipient	0	Respiratory System	4
Deviate and Agent Information	Completed	Under 65 Years Old	0	Digestive System	2
Registered Agent Information	3/1/2011	Unable to Self-Medicate	0	Genitourinary System Disorders	0
		Ventilator Dependent	1	Skin Disorders	1
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	5
		Other Restrictions	0	Injuries and Poisonings	9
FACILITY OWNERSHIP		No Restrictions	0	Other Medical Conditions	24
COUNTY			* * * * * * * * * * * * * * * * * * * *	Non-Medical Conditions	32
CONTINUING CARE COMMUNITY	No	Note: Reported restictions deno	ted by 'I'	TOTALS	125
LIFE CARE FACILITY	No		Total Res	idents Diagnosed as Mentally III	74

WIND RESIDENCE AND ADDRESS OF THE PROPERTY OF THE PERSON O	是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个												
	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS												
		PEAK	PEAK										
	LICENSED	BEDS	BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	Residents on 1/1/2010	123			
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Total Admissions 2010	54			
Nursing Care	128	128	128	128	125	3	128	128	Total Discharges 2010	52			
Skilled Under 22	0	0	0	0	0	0		0	Residents on 12/31/2010	125			
Intermediate DD	0	0	0	0	0	0		0		_			
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0			
TOTAL BEDS	128	128	128	128	125	3	128	128					

LEVEL OF CARE	Medi Pat. days		Medi Pat. days		Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4054	8.7%	2981	5 63.8%	2426	0	8691	0	44986	96.3%	96.3%
Skilled Under 22	,,,,	070		0 0.0%	. 0	0	0	0	0	0.0%	0.0%
Intermediate DD				0 0.0%		0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	405	4 8.7%	2981	5 63.89	-	0	8691	0	44986	96.3%	96.3%

	NURSIN	IG CARE	SKLU	NDER 22	INTER	RMED. DD	SHEL	TERED	ED TOTA		_ GRAND	
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL	
Under 18	0	0	0	0	0	0	0	0	0	0	0	
18 to 44	0	0	0	0	0	0	0	0	0	0	0	
45 to 59	0	0	0	0	0	0	0	0	0	0	0	
60 to 64	1	2	0	0	0	0	0	0	1	2	3	
65 to 74	2	3	0	0	0	0	0	0	2	3	5	
75 to 84	4	25	0	0	0	0	0	0	4	25	29	
85+	5	83	0	0	0	0	0	0	5	83	88	
TOTALS	12	113	0	0	0	0	0 .	0	12	113	125	

0

36

VALLEY HI NURSING HOME

2406 HARTLAND ROAD WOODSTOCK, IL. 60098

LEVEL OF CARE

ICF/DD Sheltered Care

TOTALS

Nursing Care Skilled Under 22

Reference Numbers Facility ID 6009542

Health Service Area 008 Planning Service Area 111

0

10

71

Medicare 10

RESIDENTS	RVP	AVMENT	SOURCE	AND	IEVEL	OF CARE	
KESIDENIS	D ; r	WINER!	SUUNUE	MIND	FEACE	OL OWVE	

Y PAYMENT	SOURC	E AND LEVI	EL OF CA	RE		AVERAGE DAILY PAYMENT				
	Other		Private	Charity		LEVEL OF CARE	SINGLE	DOUBLE		
Medicaid	Public	Insurance	Pay	Care	TOTALS	Nursing Care	195	195		
71	8	0	36	0	125	Skilled Under 22	0	0		
0	0	0	0	0	0	Intermediate DD	0	0		
0	0	0	0	0	0	Shelter	0	0		
	0	0	0	0	0					

125

RES	DENTS BY RA	CIAL/ETHNIC	TY GROUP	ING		STAFFI	NG
RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals	EMPLOYMENT	FULL-TIME
Asian	3	0	0	0	3	CATEGORY	EQUIVALENT
Amer. Indian	0	0	0	0	0	Administrators	1.00
Black	0	0	0	0	0	Physicians	0.00
Hawaiian/Pac. Isl.	0	0	0	0	0	Director of Nursing	1.00
White	122	0	0	0	122	Registered Nurses	19.40
Race Unknown	0	0	0	0	0	LPN's	8.43
Total	125	0	0	0	125	Certified Aides	50.25
iotai	12.0	Ü	0	•	120	Other Health Staff	4.73
ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals	Non-Health Staff	47.84
Hispanic	2	0	0	0	2	Totals	132.65
Non-Hispanic	123	0	0	0	123		
Ethnicity Unknown	0	0	0	0	0		
Total	125	0	0	0	125		

0

AND THE PROPERTY OF THE PROPER	COLUMN TO STATE OF THE PROPERTY OF THE PROPERT	NAME OF THE PARTY	an ignication of the second	OF THE PROPERTY OF THE PROPERT	MATERIAL PROPERTY AND	医内皮性结合性 化二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	nder de programme de la la completation de la compl					
	NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)											
	NET REVENUE BY PATOR SOURCE (FISCAL TEAL DATA)											
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense*	Total Net Revenue					
24.4%	53.0%	3.8%	0.0%	18.8%	100.0%		0.0%					
2,074,855	4,498,902	319,573	0	1,594,722	8,488,054	0						
*Charity Expense does n	ot include expense	s which may be	considered a commun	ity benefit.								



2406 Hartland Rd

Woodstock, IL 60098-9763 15.76 miles / 22 minutes Notes

Valley Hi Nursing Home



Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012

1. Start out going west on IL-176 / ETerra Cotta Ave toward Knaack Blvd. Map

2.5 Mi

2.5 Mi Total

11.8 Mi

14.3 Mi Total

1.5 Mi

1.5 191

15.8 Mi Total

4. 2406 HARTLAND RD is on the right. Map

3. Turn right onto Hartland Rd / CR-T68. Map



2406 Hartland Rd, Woodstock, IL 60098-9763

Total Travel Estimate: 15.76 miles - about 22 minutes

2. Turn right onto US-14 W. Map

WAUCONDA HEALTHCARE CENTER		ADMISSION RESTRICTIO	NS	RESIDENTS BY PRIMARY DIAGN	IOSIS
176 THOMAS COURT		Aggressive/Anti-Social	1	DIAGNOSIS	
WAUCONDA, IL. 60084		Chronic Alcoholism	1	Neoplasms	7
Reference Numbers Facility ID 600	eference Numbers Facility ID 6009435			Endocrine/Metabolic	11
lealth Service Area 008 Planning Service Area 097		Drug Addiction	1	Blood Disorders	3
Administrator		Medicald Recipient	0	*Nervous System Non Alzheimer	17
Margaret Ryan		Medicare Recipient	0	Alzheimer Disease	17
Margaret Nyan		Mental Illness	1	Mental Iliness	0
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0
MARGARET RYAN		Non-Mobile	0	Circulatory System	43
847-526-5551	Date	Public Aid Recipient	0	Respiratory System	5
Registered Agent Information	Completed	Under 65 Years Old	0	Digestive System	0
Christopher Vicere	2/24/2011	Unable to Self-Medicate	0	Genitourinary System Disorders	7
5061 N. Pulaski		Ventilator Dependent	1	Skin Disorders	0
Chicago, IL 60031		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	5
_		Other Restrictions	0	Injuries and Poisonings	6
FACILITY OWNERSHIP		No Restrictions	0	Other Medical Conditions	4
LIMITED LIABILITY CO		* * * * * * * * * * * * * * * * * * *	. 13 . 111	Non-Medical Conditions	0
CONTINUING CARE COMMUNITY	No	Note: Reported restictions deno	iea by T	TOTALS	125
LIFE CARE FACILITY No			Total Res	0	

See and the second seco	LICENSED	ADMISSIONS AND DISCHARGES - 2010								
	LICENSED	PEAK BEDS	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID		117
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Residents on 1/1/2010 Total Admissions 2010	271
Nursing Care	135	135	135	135	125	10	135	79	Total Discharges 2010	263
Skilled Under 22	0	0	0	0	0	0		0	Residents on 12/31/2010	125
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	135	135	135	135	125	10	135	79		

LEVEL OF CARE	Medi Pat. days		Medi Pat. days	caid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8932	2 18.1%	2117	9 73.49	6 92	949	12719	0	43871	89.0%	89.0%
Skilled Under 22				0 0.0%	6 0	0	0	0	0	0.0%	0.0%
Intermediate DD				0 0.0%	6 0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	893	2 18.1%	2117	9 73.4	% 92	949	12719	0	43871	89.0%	89.0%

	NURSIN	IG CARE	SKL U	NDER 22	INTER	RMED. DD	SHE	TERED	T	JATC	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	4	6	0	0	0	0	0	0	4	6	10
75 to 84	14	22	0	0	0	0	0	0	14	22	36
85+	11	61	0	0	0	0	0	0	11	61	72
TOTALS	32	93	0	0	0	0	0	0	32	93	125

WAUCONDA HEALTHCARE CENTER

176 THOMAS COURT

WAUCONDA, IL. 60084

Reference Numbers Facility ID 6009435

Health Service Area 008 Planning Service Area 097

	201	THE STREET	COLLDOC	6 110	1 553 / 651	OF C	ADE
 RESIDENTS	BY	PAYMENI	SUUKUE	ANU	LEVEL	UFG	AKE

AVERAGE DAILY PAYMENT RATES

	0.0 20									
LEVEL			Other		Private	Charity		LEVEL OF CARE	SINGLE	DOUBLE
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	Nursing Care	0	237
Nursing Care	30	58	1	3	33	0	125	Skilled Under 22	0	0
Skilled Under 22	0	0	0	0	0	0	0	Intermediate DD	0	0
ICF/DD		0	0	0	0	0	0	Shelter	0	0
Sheltered Care			0	0	0	0	0			
TOTALS	30	58	1	3	33	0	125			

RES	IDENTS BY RA	CIAL/ETHNIC	TY GROUP	ING		STAFFING			
RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals	EMPLOYMENT	FULL-TIME		
Asian	1	0	· 0	0	1	CATEGORY	EQUIVALENT		
Amer, Indian	0	0	0	0	0	Administrators	1.00		
Black	0	0	0	0	0	Physicians	0.00		
Hawaiian/Pac. Isl.	0	0	0	0	0	Director of Nursing	1.00		
White	124	0	0	0	124	Registered Nurses	20.00		
Race Unknown	0	0	0	0	0	LPN's	5.00		
	125	0	0	n	125	Certified Aides	72.00		
Total	123	U	U	V	125	Other Health Staff	38.00		
ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals	Non-Health Staff	0.00		
Hispanic	5	0	0	0	5	Totals	137.00		
Non-Hispanic	120	0	0	0	120				
Ethnicity Unknown	0	0	0	0	0				
Total	125	0	0	0	125				

estana sentenen menendo como con contrator selación especia por especia que esta parte estanda como como deste Estanda estanda estand	NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)									
Medicare 42.0%	Medicaid 28.0%	TOTALS 100.0%	Expense*	Total Net Revenue 0.0%						
4,542,071	3,031,696	16,070	334,793	2,897,933	10,822,563	Ū				

^{*}Charity Expense does not include expenses which may be considered a community benefit.



176 Thomas Ct

Wauconda, IL 60084-2451 9.24 miles / 15 minutes Notes

Walkonda Healthcare & Rehab



Terra Cotta Rd & II Route 176, Crystal Lake, IL 60012

1. Start out going east on IL-176 / E Terra Cotta Ave toward Mistwood Ln. Map

0.5 Mi

0.5 Mi Total

175

2. Turn slight left onto IL-176. Map

8.6 Mi

9.1 Mi Total

3. Turn right onto Thomas Ct. Map

4. 176 THOMAS CT is on the left. Map

0.1 Mi

9.2 Mi Total



176 Thomas Ct, Wauconda, IL 60084-2451

Total Travel Estimate: 9.24 miles - about 15 minutes

WINCHESTER HOUSE		ADMISSION RESTRICTION	NS	RESIDENTS BY PRIMARY DIAGN	osis
1125 NORTH MILWAUKEE AVENUE		Aggressive/Anti-Social	1	DIAGNOSIS	
LIBERTYVILLE, IL. 60048		Chronic Alcoholism	1	Neoplasms	3
Reference Numbers Facility ID 601	0052	Developmentally Disabled	1	Endocrine/Metabolic	35
Health Service Area 008 Planning Ser	vice Area 097	Drug Addiction	1	Blood Disorders	1
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	11
Anne Wagner		Medicare Recipient	0	Alzheimer Disease	41
		Mental Iliness	1	Mental Illness	0
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0
ANNE WAGNER		Non-Mobile	0	Circulatory System	49
847-377-7200	Date	Public Aid Recipient	0	Respiratory System	10
Registered Agent Information	Completed	Under 65 Years Old	0	Digestive System	3
County of Lake	2/28/2011	Unable to Self-Medicate	0	Genitourinary System Disorders	5
18 N. County Street		Ventilator Dependent	1	Skin Disorders	3
•		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	11
EACH ITY OWNERSHIP		Other Restrictions	0	Injuries and Poisonings	1
FACILITY OWNERSHIP		No Restrictions	0	Other Medical Conditions	31
COUNTY		Mate. Descrited sociations denot	ad by 'll'	Non-Medical Conditions	0
CONTINUING CARE COMMUNITY	No No	Note: Reported restictions denot	ен оу 1	TOTALS	204
LIFE CARE FACILITY		Total Res	9		

	LICENSED	BEDS, BE	DS IN US		ADMISSIONS AND DISCHARGES - 2010					
LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010 Total Admissions 2010	216 731
Nursing Care	360	224	218	218	204	156	360	360	Total Discharges 2010	743
Skilled Under 22	0	0	0	0	0	0		0	Residents on 12/31/2010	204
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0			Identified Offenders	1
TOTAL BEDS	360	224	218	218	204	156	360	360		

LEVEL OF CARE	Medi Pat. days		Medi Pat. days	caid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2195	5 1.7%	5440	4 41.49	6 0	68	9075	0	65742	50.0%	80.4%
Skilled Under 22				0 0.0%	6 0	0	0	0	0	0.0%	0.0%
Intermediate DD				0 0.0%	6 0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	219	5 1.7%	5440	4 41.4	% 0	68	9075	0	65742	50.0%	80.4%

		114-010-6	HIO DI M	JE 011001 , 0	20 71 7114 DF 30 00						
	NURSIN	IG CARE	SKLU	NDER 22	INTER	RMED. DD	SHEL	TERED.	T	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	2	2	0	0	0	0	0	0	2	2	4
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	5	12	0	0	0	0	0	0	5	12	17
75 to 84	13	43	0	0	0	0	0	0	13	43	56
85+	14	109	0	0	0	0	0	0	14	109	123
TOTALS	36	168	0	0	0	0	0	0	36	168	204

WINCHESTER HOUSE

1125 NORTH MILWAUKEE AVENUE

LIBERTYVILLE, IL. 60048

Reference Numbers Facility ID 6010052

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

AVERAGE DAILY PAYMENT RATES

	• ,••••				,					
LEVEL			Other		Private	Charity		LEVEL OF CARE	SINGLE	DOUBLE
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	Nursing Care	210	185
Nursing Care	23	154	0	1	26	0	204	Skilled Under 22	0	0
Skilled Under 22	0	0	0	0	0	0	0	Intermediate DD	0	0
ICF/DD		0	0	0	0	0	0	Shelter	0	0
Sheltered Care			0	0	0	0	0			
TOTALS	23	154	0	1	26	0	204			

RES	IDENTS BY RA	CIAL/ETHNIC	ITY GROUP	ING		STAFFI	NG
RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals	EMPLOYMENT	FULL-TIME
Asian	7	0	0	0	7	CATEGORY	EQUIVALENT
Amer. Indian	0	0	0	0	0	Administrators	1.00
Black	3	0	0	0	3	Physicians	0.00
Hawaijan/Pac, Isl.	2	0	0	0	2	Director of Nursing	1.00
White	192	0	0	0	192	Registered Nurses	34.00
Race Unknown	0	0	0	0	0	LPN's	9.50
Total	204	0	0	0	204	Certified Aides	105.00
TOTAL	204	O .	Ū	U	204	Other Health Staff	10.00
ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals	Non-Health Staff	44.00
Hispanic	9	0	0	0	9	Totals	204.50
Non-Hispanic	195	0	0	0	195		
Ethnicity Unknown	0	0	0	0	0		
Total	204	0	0	0	204		

CONTROL OF THE PROPERTY OF THE	NCT DEVICE	HE DV DAVOD	COUDCE /Ficasi Vas	r Data	AND A SECURITION OF THE SECURI	Charity	Charity Care				
	NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)										
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense*	Total Net Revenue				
24.2%	51.2%	0.0%	5.8%	18.8%	100.0%		0.0%				
2,727,045	5,780,315	0	656,264	2,121,581	11,285,205	0					

^{*}Charity Expense does not include expenses which may be considered a community benefit.



1125 N Milwaukee Ave

Libertyville, IL 60048-1304 21,41 miles / 37 minutes

Notes Winchester Hause Nursing Home



Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012

		Terra Colla Ru & II Roule 170, Orystar Lake, iL 00012	
		1. Start out going east on IL-176 / E Terra Cotta Ave toward Mistwood Ln. Map	0.5 Mi 0.5 Mi Total
*	176	2. Turn slight left onto IL-176. Map	14.4 Mi 14.9 Mi Total
4		3. Turn left onto Schank Ave. Map	0.1 Mi 15.1 Mi Total
1	83	4. Schank Ave becomes IL-83 / Ivanhoe Rd. Map	2.0 Mi 17.1 Mi Total
**		5. Turn right onto E Peterson Rd / CR-A33. Continue to follow E Peterson Rd. Map	3.5 Mi 20.6 Mi Total
**	21	6. Turn right onto IL-21 / N Milwaukee Ave. Map	0.8 Mi 21.4 Mi Total
		7. 1125 N MILWAUKEE AVE is on the right. Map	

Total Travel Estimate: 21.41 miles - about 37 minutes

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1125 N Milwaukee Ave, Libertyville, IL 60048-1304

WOODSTOCK RESIDENCE		ADMISSION RESTRICTIO	NS	RESIDENTS BY PRIMARY DIAGNO	osis
309 MCHENRY AVENUE		Aggressive/Anti-Social	1	DIAGNOSIS	
WOODSTOCK, IL. 60098		Chronic Alcoholism	1	Neoplasms	4
Reference Numbers Facility ID 601	0136	Developmentally Disabled	0	Endocrine/Metabolic	6
Health Service Area 008 Planning Ser	vice Area 111	Drug Addiction	1	Blood Disorders	1
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	3
Samuel Biber		Medicare Recipient	0	Alzheimer Disease	9
		Mental Illness	0	Mental Illness	2
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	1
SAMUEL BIBER		Non-Mobile	0	Circulatory System	15
815-338-1700	Date	Public Aid Recipient	0	Respiratory System	8
Registered Agent Information	Completed	Under 65 Years Old	0	Digestive System	5
	2/24/2011	Unable to Self-Medicate	0	Genitourinary System Disorders	13
		Ventilator Dependent	1	Skin Disorders	2
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	4
FACILITY OWNERSHIP		Other Restrictions	0	Injuries and Poisonings	9
FOR-PROF CORPORATION		No Restrictions	0	Other Medical Conditions	2
		Note: Baroutad vestiations days	tad by !!!	Non-Medical Conditions	2
CONTINUING CARE COMMUNITY	No No	Note: Reported restictions deno	ieu vy 1	TOTALS	86
LIFE CARE FACILITY			Total Res	2	

	LICENSED		ADMISSIONS AND DISCHARGES - 2010							
	HOENDED	PEAK	PEAK BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID		
	LICENSED	BEDS						771444	Residents on 1/1/2010	77
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	Total Admissions 2010	122
Nursing Care	115	115	87	115	86	29	29	115	Total Discharges 2010	113
Skilled Under 22	0	0	0	0	0	0		0	Residents on 12/31/2010	86
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0		-	Identified Offenders	2
TOTAL BEDS	115	115	87	115	86	29	29	115		

	Med	icare	Medi	icaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3569	33.7%	2017	1 48.19	6 1675	171	2776	0	28362	67.6%	67.6%
Skilled Under 22				0 0.0%	6 0	0	0	0	0	0.0%	0.0%
Intermediate DD				0 0.0%	6 0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	356	33.7%	2017	1 48.1	% 1675	171	2776	0	28362	67.6%	67.6%

	NURSIN	IG CARE	SKL U	NDER 22	INTER	RMED. DD	SHEI	TERED	T	OTAL	GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	5	3	0	0	0	0	0	0	5	3	8
60 to 64	6	4	0	0	0	0	0	0	6	4	10
65 to 74	5	9	0	0	0	0	0	0	5	9	14
75 to 84	10	17	0	0	0	0	0	0	10	17	27
85+	10	17	0	0	0	0	0	0	10	17	27
TOTALS	36	50	0	0	0	0	0	0	36	50	86

WOODSTOCK RESIDENCE

309 MCHENRY AVENUE

WOODSTOCK, IL. 60098

Reference Numbers Facility ID 6010136

Health Service Area 008 Planning Service Area 111

RESIDENTS	BY	PAYMENT	SOURCE AND	LEVEL OF	CARE
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AVERAGE	DAHV	DAVMENT	PATES
AVERAGE	DAILY	PATMENT	KAIES

n.c.	SIDEM 12 D	LWINTER	SOUNC	THE WILL THE	LL UI UN	15 4 200				
LEVEL			Other		Private	Charity		LEVEL OF CARE	SINGLE	DOUBLE
OF CARE	Medicare	Medicaid	Public	Insurance	Pay	Care	TOTALS	Nursing Care	240	180
Nursing Care	10	55	0	1	20	0	86	Skilled Under 22	0	0
Skilled Under 22	0	0	0	0	0	0	0	Intermediate DD	0	0
ICF/DD		0	0	0	0	0	0	Shelter	0	0
Sheltered Care			0	0	0	0	0			
TOTALS	10	55	0	1	20	0	86			
								CHARLES THE COURT OF THE COURT	MATERIAL PROPERTY OF STREET, S	ALL DESCRIPTIONS OF THE PARTY OF

RES	IDENTS BY RA	STAFFING					
RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals	EMPLOYMENT	FULL-TIME
Asian	0	0	0	0	0	CATEGORY	EQUIVALENT
Amer, Indian	0	0	0	0	0	Administrators	1.00
Black	2	0	0	0	2	Physicians	0.00
Hawaiian/Pac. Isl.	0	0	0	0	0	Director of Nursing	1.00
White	84	0	0	0	84	Registered Nurses	7.50
Race Unknown	0	0	0	0	0	LPN's	6.50
Total	86	0	0	0	86	Certified Aides	25.00
						Other Health Staff	2.00
ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals	Non-Health Staff	32.50
Hispanic	4	0	0	0	4	Totals	75.50
Non-Hispanic	82	0	0	0	82		
Ethnicity Unknown	0	0	0	0	0		
Total	86	0	0	0	86		

chaping Microschaufernicht der Staden von der der Antherse Anderse Staden Schrift der Schr	Charity Care	Charity Care Expense as % of						
Medicare 31.2% 1,230,528	Medicaid 45.5% 1,793,932	Other Public 2.9% 113,791	Private Insurance 8.3% 326,377	Private Pay 12.1% 477,358	TOTALS 100.0% 3,941,989	Expense*	Total Net Revenue 0.0%	

^{*}Charity Expense does not include expenses which may be considered a community benefit.



309 McHenry Ave

Woodstock, IL 60098-2917 10.42 miles / 18 minutes Notes

Woodstock Residence



Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012

1. Start out going west on IL-176 / E Terra Cotta Ave toward Knaack Blvd. Map 2.5 Mi Total

2. Turn right onto US-14 W. Map

5.8 Mi

8.3 Mi Total

2.0 Mi 10.3 Mi Total

4. Turn right onto McHenry Ave / IL-120. Map

4. Turn right onto McHenry Ave / IL-120. Map

10.4 Mi Total

5. 309 MCHENRY AVE is on the left. Map

309 McHenry Ave, Woodstock, IL 60098-2917

3. Turn slight right onto S Eastwood Dr / IL-47. Map

Total Travel Estimate: 10.42 miles - about 18 minutes